

BOARD OF SUPERVISORS

Brown County

305 E. WALNUT STREET

E-Mail BrownCountyCountyBoard@co.brown.wi.us

P. O. BOX 23600

GREEN BAY, WISCONSIN 54305-3600



PHONE (920) 448-4015 FAX (920) 448-6221

"PUBLIC NOTICE OF MEETING"

Pursuant to Section 19.84 Wis. Stats., notice is hereby given to the public that the following meetings will be held

**THE WEEK OF
March 23-27, 2015**

MONDAY, MARCH 23, 2015

- | | | |
|----------|--|---|
| *8:30 am | Community Options Program Planning Committee | Board Room B, Sophie Beaumont
111 North Jefferson Street |
| *6:00 pm | Land Conservation Subcommittee | Room 161, UW-Extension
1150 Bellevue Ave |
| *6:15 pm | Planning, Development & Transportation Committee | Room 161, UW-Extension
1150 Bellevue Ave |

TUESDAY, MARCH 24, 2015

(No Meetings)

WEDNESDAY, MARCH 25, 2015

- | | | |
|----------|--------------------------|---|
| *5:30 pm | Human Services Committee | Room 200, Northern Building
305 E. Walnut Street |
|----------|--------------------------|---|

THURSDAY, MARCH 26, 2015

- | | | |
|----------|--|---|
| *8:30 am | Aging & Disability Resource Cntr. Board of Directors | Aging & Disability Resource Center
300 S. Adams Street |
| *5:30 pm | Administration Committee | Room 200, Northern Building
305 E. Walnut Street |

FRIDAY, MARCH 27, 2015

(No Meetings)

Any person wishing to attend who, because of a disability, requires special accommodation, should contact the Brown County Human Resources Office at 448-4065 by 4:30 p.m. on the day before the meeting so that arrangements can be made.

COMMUNITY OPTIONS PROGRAM PLANNING COMMITTEE MEETING

Monday, March 23, 2015 – 8:30 a.m. - Sophie Beaumont Building - 111 North Jefferson Street,
Green Bay, Wisconsin – Board Room B

1. Meeting called to order
2. Roll call
3. Modification/approval of agenda
- * 4. Modification/approval of minutes of January 26, 2015
5. Updates
 - A. Family Care update
 - B. COP update
 - C. CIP update
6. Discussion of Committee role and structure after Family Care
7. **Closed session**--Pursuant to 19.85(l)(f) considering financial, social and/or personal history of specific persons, which if discussed in public would be likely to have a substantial adverse effect on the reputation of the persons referred to—
8. Any other business authorized by law

* Indicates materials are included in packet mailing

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LAND CONSERVATION SUBCOMMITTEE

Norbert Dantinne, Jr., Chair
Dave Kaster, Vice Chair
Bernie Erickson, Dave Landwehr, Tom Sieber

LAND CONSERVATION SUBCOMMITTEE

**Monday, March 23, 2015
6:00 p.m. (PD&T to Follow)
Room 161, UW Extension
1150 Bellevue Street**

**NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON
ANY ITEMS LISTED ON THE AGENDA**

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of February 23, 2015.

Comments from the Public

1. Budget Status Financial Report, December, 2014 (unaudited).
2. Resolution re: Change in Table of Organization for the Land and Water Conservation Department (Agronomist Technician).
3. Director's Report.
4. Such Other Matters as Authorized by Law.
5. Adjourn.

Norb Dantinne, Jr., Chair

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PLAN, DEV. & TRANS. COMMITTEE

Bernie Erickson, Chair
Dave Kaster, Vice Chair
Dave Landwehr, Norbert Dantine, Tom Sieber

PLANNING, DEVELOPMENT & TRANSPORTATION COMMITTEE

**Monday, March 23, 2015
Approx. 6:15 p.m. (or to follow Land Con)
Room 161, UW Extension
1150 Bellevue Street**

NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON ANY ITEMS LISTED ON THE AGENDA

- I. Call Meeting to Order.
 - II. Approve/Modify Agenda.
 - III. Approve/Modify Minutes of February 23, 2015.
 - IV. Approve/Modify Minutes of March 18, 2015 Special Meeting.
1. Review minutes of:
 - a. Planning Commission Board of Directors (January 7, 2015).

Comments from the Public

Communications

2. Communication from Supervisor Hoyer re: Assessment of outdoor coal piles on the western shore of the Fox River as a health risk and a source of airborne pollutants, as well as proposals for remediation and elimination of the health consequences on our citizenry.

Date Change

3. Discussion regarding change of date for regular May, 2015 Planning, Development and Transportation meeting as this meeting falls on Memorial Day.

Register of Deeds

4. Budget Status Financial Report, December, 2014 (unaudited).

Planning and Land Services

Land Information – No agenda items.

Planning Commission

5. Budget Status Financial Report, December, 2014 (unaudited).
6. Update re: Development of the Brown County Farm property – *standing item*.

Property Listing

7. Budget Status Financial Report, December, 2014 (unaudited).

Zoning

8. Budget Status Financial Report, December, 2014 (unaudited).

Port & Resource Recovery

9. HHW Out-of-County Memorandum of Understandings – Request for Approval.
 - a. Winnebago County
 - b. Outagamie County
 - c. Calumet County
10. Director's Report.

Airport

11. Recommendation and Approval of RFP re: Parking Access and Revenue Control System Parking Lot, Project 1940.
12. Budget Status Financial Report, December, 2014 (unaudited).
13. 2014 Annual Report.
14. Departmental Openings Summary.
15. Overtime Report in Excess of 12 Hours (to be distributed at meeting).
16. Director's Report.

Public Works

17. Budget Adjustment Request (15-13): Reallocation between two or more departments, regardless of amount.
18. Summary of Operations.
19. Set Time for April Towns Meeting.
20. Director's Report.

UW-Extension

21. Budget Status Financial Report, December, 2014 (unaudited).
22. Departmental Openings Summary.
23. Resolution re: Change in Table of Organization for U.W. Extension – Agriculture Student Assistant LTE.
24. Director's Report.

Resolutions

25. Resolution re: Change in Table of Organization for the Land and Water Conservation Department (Agronomist Technician).
26. Initial Resolution re: Authorizing the Issuance of Not to Exceed \$7,575,000 General Obligation Corporate Purpose Bonds of Brown County, Wisconsin in One or More Series at One or More Times.

Other

27. Audit of bills.
28. Such other matters as authorized by law.
29. Adjourn.

Bernie Erickson, Chair

Attachments

Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

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HUMAN SERVICES COMMITTEE

Patrick Evans
Dan Robinson, Erik Hoyer,
Dan Haefs, Pat La Violette

HUMAN SERVICES COMMITTEE

Wednesday, March 25, 2015

5:30 p.m.

**Room 200, Northern Building
305 E. Walnut Street**

**NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON
ANY ITEM LISTED ON THE AGENDA**

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of February 25, 2015.

Comments from the Public

Report from Human Services Chair, Patrick Evans

1. **Review Minutes of:**
 - a. Board of Health (January 13, January 20 and March 3, 2015).
 - b. Human Services Board (March 12, 2015).
 - c. Veterans Recognition Subcommittee (February 17, 2015).

Communications

2. Communication from Supervisor Robinson re: That the new County Human Services Director and the Human Services Department staff put together a report to be presented at the August Human Services Committee, with monthly updates to the Committee that examines: CTC/In-patient Mental Health & AODA County Services; Community Mental Health and AODA County Services; Mental Health and AODA services offered by the community in general with which the County has a partnership. *Motion at February Meeting: To make this a standing item until such time as dispensed of.*
3. Communication from Supervisor Robinson re: Request a representative of Strategic Behavioral Health, which is proposing a psychiatric hospital be built in Brown County, appear before the Human Services Committee to discuss the hospital proposal and any potential impact.
4. Communication from Supervisor Robinson re: Because of the potential negative impact on our County's Aging and Disability Resource Center from provisions within the proposed State budget, request the County Board pass a resolution in support of the ADRC, modeled upon a resolution passed by Ozaukee County.
5. Communication from Supervisor Moynihan re: Letter from Executive Director of Family & Childcare Resources of N.E.W. to proclaim 5/8/2015 as Child Care Provider Appreciation Day.

6. Communication from Supervisor Hoyer re: Assessment of outdoor coal piles on the western shore of the Fox River as a health risk and a source of airborne pollutants, as well as proposals for remediation and elimination of the health consequences on our citizenry.

Veterans Services

7. Budget Status Financial Report, December, 2014 (unaudited).

Health Department

8. Budget Adjustment Request (15-19): Any increase in expenses with an offsetting increase in revenue.

Human Services Department

9. Resolution re: Helping families move from homelessness to self-sufficiency. *Standing Item until such time that there is action to be taken.*
10. Budget Adjustment Request (14-116): Any increase in expenses with an offsetting increase in revenue.
11. Executive Director's Report.
12. Resolution re: Change in Table of Organization for the Human Services Department – Social Services Aide I.
13. Financial Report for Community Treatment Center and Community Programs.
14. Statistical Reports.
 - a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
 - b. Monthly Inpatient Data – Bellin Psychiatric Center.
 - c. Child Protection – Child Abuse/Neglect Report.
 - d. Monthly Contract Update.
15. Request for New Non-Continuous Vendor.
16. Request for New Vendor Contract.

Aging & Disability Resource Center – No agenda items.

Syble Hopp – No agenda items.

17. Such other Matters as Authorized by Law.
18. Adjourn.

Patrick Evans, Chair

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AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY BOARD OF DIRECTOR'S MEETING

Thursday, March 26, 2015 at 8:30 a.m.
300 S. Adams Street, Green Bay, WI 54301

AGENDA

Agenda Item	Handout	Action Required
1. Pledge of Allegiance		
2. Introductions		
3. Adoption of Agenda	Yes	Yes
4. Approval of the minutes of regular meeting, February 25, 2015	Yes	Yes
5. Comments from the public		
6. Finance Report		
a. Review and approval of Finance Report	Yes	Yes
b. Review and approval of Restricted Donation	Yes	Yes
c. Final Net Asset Report	Yes	Yes
d. Executive and Finance Committee-Investment Policy Development		
7. Board Picture		
8. Staff Report: Laurie Ropson-Quality and Outreach Coordinator		
9. Directors Report		
a. Update on Enrollment Counseling	Yes	
b. Review Meeting with Representative John Nygren	Yes	
c. Advocacy Efforts	Yes	
d. 3 Year Aging Plan-Public Input Sessions	Yes	
10. Legislative Update		
11. Announcements		
12. Next Meeting- April 24 th		
13. Adjourn		Yes

Marvin Rucker, Chairperson
Aging & Disability Resource Center
of Brown County

Notice is hereby given that action by the Committee may be taken on any of the items which are described or listed in this agenda.

Any person wishing to attend, who because of a disability requires special accommodation, should contact the ADRC of Brown County Office at (920) 448-4300 two days before the meeting so that arrangements can be made.

ADRC Vision: "Building a community that values, empowers, and supports seniors, adults with disabilities and their caregivers"

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ADMINISTRATION COMMITTEE

Steve Fewell, Chair
Allan Jamir, Vice Chair
David Steffen, Thomas De Wane
Richard Schadewald

ADMINISTRATION COMMITTEE

Thursday, March 26, 2015

5:30 p.m.

**Room 200, Northern Building
305 E. Walnut Street**

**NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON ANY ITEM
LISTED ON THE AGENDA**

- I. Call to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of February 26, 2015.

Comments from the Public

1. Review Minutes of: *None.*

Communications:

2. Communication from Supervisor Hoyer re: All new Supervisors automatically be assigned a county e-mail address to serve as a contact point for constituents as well as all contact from the County offices and business.
3. Communication from Supervisor Schadewald re: Request that the Administration Committee revisit Chairman Moynihan's proposal for computer equipment for Supervisors.
4. Communication from Supervisor Zima re: The Administration Committee review Brown County's Flexible Benefit Program.

Corporation Counsel:

5. Monthly Report, February, 2015.

County Clerk:

6. Budget Status Financial Report, December, 2014 (unaudited).
7. Resolution re: Reclassification of the Account Clerk I Position in the County Clerk Table of Organization.

Child Support:

8. Budget Status Financial Report, December, 2014 (unaudited).
9. Departmental Openings Summary, March, 2015.
10. Agency Director Summary, March, 2015.

Technology Services:

11. Budget Status Financial Report, February, 2015 (unaudited).
12. Technology Services Monthly Report, March, 2015.

Human Resources

13. Budget Status Financial Report, December, 2014 (unaudited).
14. Activity Report for February, 2015.
15. Departmental Opening Summary, March, 2015.
16. Director's Report.

Department of Administration:

17. Budget Status Financial Report, January, 2015.
18. 2015 Budget Adjustment Log.
19. Departmental Opening Summary, March, 2015.
20. Resolution re: Initial Resolutions Authorizing the Issuance of Not to Exceed \$7,575,000 General Obligation Corporate Purpose Bonds of Brown County, Wisconsin in One or More Series at One or More Times.
21. Resolution re: 2014 Balanced Budget Adjustment.
22. Director's Report.

Treasurer - No agenda items.

Other

23. Audit of bills.
24. Such other matters as authorized by law.
25. Adjourn.


Steve Fewell, Chair

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MARCH 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4 Public Safety 11:00 am	5 Ed & Rec 5:30 pm @ Ashwaubenon Branch	6	7
8	9 Exec Cmte 5:30 pm	10	11	12	13	14
15	16	17  Veterans Recognition Subcmte 5:00 pm	18 Spec PD&T 6:45 pm Board of Supervisors 7:00 pm	19	20	21
22	23 Land Con 6:00 pm PD&T 6:15 pm	24	25 Human Services 5:30 pm	26 Administration Cmte 5:30 pm	27	28
29	30	31				



APRIL 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Public Safety 11:00 am	2 Ed & Rec 5:30 pm	3	4
5 	6 Executive Cmte 5:30 pm	7	8	9	10	11
12	13	14	15 Special Admin 6:45 pm Board of Supervisors 7:00 pm	16	17	18
19	20	21 Veterans Recognition Subcmte 5:00 pm	22 Human Services 5:30 pm	23 Admin Cmte 5:30 pm	24	25
26	27 Land Con 6:00 pm PD&T 6:00 pm @ Public Works Dept	28	29	30		

BROWN COUNTY COMMITTEE MINUTES

- NWTC Board of Trustees Minutes (February 25, 2015)
- Board of Health Minutes (January 13, 2015)
- Board of Health Minutes (January 20, 2015)
- Board of Health Minutes (March 3, 2015)
- Library Board Minutes (February 19, 2015)
- Brown County Human Services Board (March 12, 2015)

To obtain a copy of Committee minutes:

http://www.co.brown.wi.us/minutes_and_agendas/

OR

Contact the Brown County Board Office or the County Clerk's Department

Northeast Wisconsin Technical College District

Board of Trustees Meeting
Minutes

February 25, 2015
12:10 p.m.

2740 West Mason Street, Green Bay, Wisconsin

The Board Chairperson called the February 25, 2015 NWTC Board of Trustees meeting to order and requested that roll call be taken at this time.

PRESENT: Laurie Davidson, Phyllis Habeck, Carla Hedtke, Ying LaCourt, David Mayer, Jeff Rickaby, Kim Schanock, Ben Villarruel, Gerald Worrick

Also Present: Jeff Rafn, Mary Jo Tilot, Jim Blumreich, Pamela Phillips, Linda Hartford, Gina Van Egeren, Clark Wagner, Dan Seidl, Crystal Harrison, Mark Cichon, Susan Garot, Anne Kamps, Gene Francisco, Chris Dahlke, Vickie Lock, John Kopp, Jennifer Hill Kelley, Julie Ebben-Matzke, Michael Teske, Sandy Ryczkowski, Michael Brown, Robert VanSchyndel, Amber Michaels, Matt Petersen, Martha Bayer

Open Forum, Introduction of Guests, and Acknowledgements

The Chairperson asked for the introduction of any guests present at this time and invited public comment. No one came forward at this time.

Student Senate

No report was given at this time.

Botanical Garden Annual Update

Susan Garot, Executive Director of the Green Bay Botanical Garden, provided the annual update to the Board of Trustees on Garden activities and presented the Board with a check in the amount of \$6,722.00 as their portion of the gate proceeds from Garden visitor activity.

Action Items (Roll Call Vote)

Bills

Bills Covering the Period of January 1-30, 2015 \$3,653,351.12

Detailed copies of the current disbursements for fiscal year 2015 for the month of January were forwarded to the Board Treasurer for review and recommendation to the Board for payment. Additional listings of the bills were available in the District Office for review by any interested person. Board Exhibit 1 was a copy of the certified 2nd quarter Capital Expenditures report for items over \$50,000.

Laurie Davidson moved that Board approval be given for the January 2015 bills as presented and the certified 2nd quarter Capital Expenditures report for items over \$50,000.

Motion seconded by Dave Mayer.

Motion carried, with all voting "Aye" on roll call.

Parking Lot Resolutions

The College is developing projects to address continuing parking shortages on the Green Bay Campus. The State Office recently determined that parking expansions related to enrollment growth do not count against the \$1.5M referendum spending limit. This clarification allows the College to proceed with projects to address its parking issues. Staff is developing projects to expand Parking Lot D, add a section of parking to the Student Center Parking Lot and complete the previously budgeted Parking Lot AA. Staff requested that the Board approve the expenditure of \$600,000 to begin the projects. This request is addressed in the budget modification below.

State Statutes require that the District Board obtain approval from the Wisconsin Technical College System Board (WTCSB) for expansion of existing facilities or new facilities.

Jeff Rickaby moved that the Board approve the following resolutions.

Resolution approving the projects:

“BE IT RESOLVED, that the Northeast Wisconsin Technical College Board approves the projects to complete expansion of Parking Lot D and Student Center Parking Lot, and complete construction of a new parking lot (Lot AA) at the Green Bay Campus of Northeast Wisconsin Technical College.”

Resolution Requesting State Board approval of the project:

“BE IT RESOLVED, that the Northeast Wisconsin Technical College Board requests approval by the WTCS Board for the projects to complete expansion of Parking Lot D and Student Center Parking Lot, and complete construction of a new parking lot (Lot AA) at the Green Bay Campus of Northeast Wisconsin Technical College.”

Motion seconded by Dave Mayer.

Motion carried, with all voting “Aye” on roll call.

Budget Modifications

Board Exhibit 2 was a copy of the fund statements of proposed fund and function modifications to the FY 2015 budget, prepared in accordance with Wisconsin State Statute 65.90(5) and the Uniform Financial Fund Accounting System Manual of the Wisconsin Technical College System Board.

Phyllis Habeck moved that the Board approve the proposed fund and function modifications contained in the fund statements and that such modifications be summarized and published per State Statute 65.90(5) as a Class I legal notice within ten days of Board approval and both exhibits be forwarded to the State Board.

Motion seconded by Jeff Rickaby.

Motion carried, with all voting “Aye” on roll call.

Request for Capital Funds to Develop an Academic Planning Tool System with Blackboard, Inc.

The widespread use and development of online learning systems has fostered the development and use of Academic Planning Tools (APT), which are adaptive and dynamic electronic systems for students to plan their coursework, register, and be guided to graduating with their desired credentials in a way that meets their needs. Academic Planning Tools have been identified as a key ingredient for student success under the Title III Strengthening Institutions Grant and the “Achieving the Dream” program which NWTC is a strong supporter and active participant.

NWTC and numerous other colleges and universities nationwide currently contract with Blackboard, Inc. under the Federal GSA cooperative purchasing contract for their online learning management systems (LMS) which provide remote distance learning and course delivery programs to students. Blackboard Inc. is headquartered in Washington, DC and specializes in providing LMS and other systems designed for education.

NWTC's national recognition as a "leader college" and its initiatives for student success programs prompted the Blackboard organization to contact NWTC to be a co-developer/test-bed for a new Academic Planning Tool model structured for technical colleges that Blackboard would market and sell nationwide/worldwide. Under terms of a partnership agreement negotiated with NWTC, Blackboard would commit staff, technology, and resources to develop an APT onsite at NWTC over an 18 month period from March 2015 thru August 2017. NWTC would pay Blackboard upfront costs of \$1.4M over three fiscal year periods to develop the system with Blackboard providing free services and discounts of \$1.6M over the next seven years (to 2022) for NWTC to fully recover its system investment cost (\$1.4M) as well as NWTC's anticipated cost for a Project Manager (\$200K) during the 18 month project.

NWTC payments of capital funds to Blackboard for development of the APT are as follows:

- FY2015: \$341,366 (\$158,634 paid in Dec 2014 for LMS is credited to the FY15 \$500K amount)
- FY2016: \$600,000
- FY2017: \$300,000
- Total: \$1,241,366 (Requested funds for \$1.4M project with \$158,634 already credited to project)

Phyllis Habeck moved that the Board authorize the use of capital funds over three fiscal year periods as indicated above to be used for the development of an Academic Planning Tool (APT) with Blackboard to prices, rates, and terms under the Federal GSA cooperative purchasing contract to support Title III and Achieving The Dream initiatives for student success for a total amount of \$1.6M (\$1.4M for APT development and \$200K for a NWTC Project Manager), with the full \$1.6M in cost being fully recovered by NWTC within seven years (by FY2022) in the form of free product offerings and/or discounts offered by Blackboard to make this agreement "cost neutral" for NWTC as per an agreement negotiated and signed by the President.

Motion seconded by Jeff Rickaby.

- Vickie Lock, Student Success Dean, provided information on the Academic Planning Tool at this time.
- Board Trustee Rickaby felt this was a good idea and wise on their part to use our information to pilot the tool and then they market it down the road. This tool will most likely be trademarked and patented by Blackboard. Concerns were raised as to why the College would not get some investment back on the future sales of the product.
- The current process took five months of negotiation, and it is a certainty that the College will not get any residual on future sales of the tool.
- Concern was raised as to the low level of risk for Blackboard if this pilot fails when they are using all NWTC systems and resources to pilot this tool. Risks for Blackboard are that if the product doesn't work, they will not be able to sell it on the market. They also are still indebted to the College for the ROI costs (the contract is being reviewed by NWTC's attorney and the attorney for Blackboard).

Motion carried, with all voting "Aye" on roll call.

Suggested Revision to Board of Trustee Governance Policy – Procurement

In February 2006, the Board granted authority for the President to approve capital purchases exceeding the Board approved budget amount up to a 10% variance. In December 2012, because of statute bidding amount changes, the board governance policy was amended to require capital budget items exceeding \$50,000 (rather than \$25,000) to come to the Board for approval. The 10% variance rule was never accordingly updated on account of these dollar value changes. For administrative efficiency in daily operations, staff proposed that the Board give consideration to further amending the Board governance policy on procurement to be revised and updated as follows:

From:

3. The board will review and approve all proposed capital expenditures greater than \$50,000 that may occur after the budget process ends. Any previously approved capital expenditures that exceed the approved amount by 10% will be returned to the board for further review and approval.

To:

3. The board will review and approve all proposed capital expenditures greater than \$50,000 that may occur after the budget process ends. Any previously approved capital project that will exceed the approved amount by **the greater of 10% or \$50,000**, will be returned to the board for further review and approval.

Board Exhibit 3 showed the current Board governance policy pertaining to procurement with the proposed changes.

Phyllis Habeck moved that the Board approve the proposed revision to the Procurement Board Governance Policy.

Motion seconded by Laurie Davidson.

- The current policy as written left a gap on the projects that were \$500,000 or less. For a \$400,000 project, the President could approve up to \$40,000. There is a gap between the \$.5 million and more projects.

Motion carried, with all voting "Aye" on roll call.

Major Gift Recognition Procedures

On September 13, 2006, the NWTC Board of Trustees endorsed the NWTC Educational Foundation major gift recognition guidelines (Board Exhibit 4). The Foundation Board recommendations were provided to the NWTC Board at their January Board meeting. The Board requested that the Foundation consider recommended edits to the policy which were reflected below and in Board Exhibit 4. The recommendations of the Foundation Board regarding the major gift recognition procedures were as follows:

1. Addition of sample guidelines including minimum levels:

A minimum donation of \$25,000 is necessary for naming opportunities. The below are general guidelines. Final value of naming opportunity is subject to individual analysis of location and visibility including student and public traffic.

Location	Minimum Donation Value
Building (external)	\$1,000,000 or 1/3 replacement value (whatever is greater)
Floor	\$500,000
Center	\$250,000
Lab	\$100,000
Common Spaces	\$75,000
Classroom	\$25,000

2. Clarification of length of time – recommendation is permanent unless otherwise stated in the individual donor agreement:

Policy already addresses concern about the future – "Should the space no longer serve its original intent due to changes in the organization the foundation will do its best to find an alternative naming opportunity. An attempt will be made to contact the original donor to discuss further."

3. Concern about naming opportunity being aligned with values and character of the college:

Policy already addresses concern – "The procedures for name recognition of substantial gifts to the College must follow a procedure that allows for sufficient due diligence and leads to outcomes that appropriately reflect the values and integrity of the College."

Carla Hedtke moved that the Board endorse the revised Major Gift Recognition Procedures as presented.

Motion seconded by Jeff Rickaby.

- Board Trustee Davidson stated that she was very opposed to this policy. She is concerned with the College selling naming rights to someone just because they have the money or want a tax deduction instead of recognizing substantial service to the College or promotion of academic excellence of its students.
- Board Trustee Worrick raised concern over the potential issues of having a name on a room, lab, or building, and the use of that area is changed or, after years, is torn down. He felt that naming should be the last resort to raise revenue. Another concern is the issues that will arise if the Board chooses to deny a naming donation that comes to the Board.

Motion carried, with Carla Hedtke, Dave Mayer, Jeff Rickaby, Kim Schanock, and Ben Villarruel voting “Aye” on roll call. Laurie Davidson, Phyllis Habeck, and Gerald Worrick voted “No” on roll call.

College Facility Rental to Outside Agencies

College facilities are made available for use to a variety of outside organizations. For 2015-16, staff has updated the **Facility Rental Policy for Outside Agencies**. Board Exhibit 5 outlines the proper guidelines and pricing strategy which shall be adhered to by all departments and divisions within the college when working with an outside agency. The updated program will be administered and managed by the Corporate Training and Economic Development department (CTED) along with the District Office (DO).

Dave Mayer moved that the Room Rental Policy be approved as presented to be effective July 1, 2015.

Motion seconded by Laurie Davidson.

Motion carried, with all voting “Aye” on voice vote.

International Travel - February 4-8th 2015: COBEC Conference, Belize

The College had applied to be members of the Consortium for Belize Educational Cooperation (COBEC) as the first formal step in establishing a sustainable partnership with Belizean Higher Education Institutions. NWTC is poised to be a potential partner with Corozal Junior College beginning with the Early Childhood program. NWTC will be taking another cohort of Early Childhood students to Belize in March 2015 following the positive study abroad experience in January 2014. NWTC attended the US COBEC summer conference in Indianapolis and hosted two of Corozal Junior College’s executive leaders here in July 2014. Staff were informed that they would be required to be physically present at the COBEC winter conference in Belize in order to be voted into membership. Megan Popkey, Manager of International Programs, represented the College in this application for membership. All travel expenses were within the International Programs budget and are using previously approved funding.

Laurie Davidson moved that the Board approve the international travel request of Megan Popkey.

Motion seconded by Jeff Rickaby.

Motion carried, with all voting “Aye” on roll call.

March Board Meeting

It was requested by staff that the Board move the March Board meeting to March 18 to allow ample time to prepare the March Board meeting agenda.

Phyllis Habeck moved that the March Board meeting be moved to March 18.

Motion seconded by Jeff Rickaby.

Motion failed, with all voting “No” on voice vote.

Consent Agenda Items:

Minutes

The minutes of the January 14, 2015 and January 26, 2015 Board meeting were sent to Board members prior to the February Board meeting. It was recommended that Board approval be given for the January 14 and January 26, 2015 Board meeting minutes as presented.

Faculty- Resignation

With regret, the College accepted the following Resignation notice: Jill Noffsinger, CPR Instructor/Coordinator, who has been with the College since February 18, 2002 has announced her resignation effective March 2015.

Virtualization Systems Administrator Technical Diploma Program Approval

The Virtualization Systems Administrator Technical Diploma will prepare students to install, support, maintain, and troubleshoot hardware virtualization in corporate environments. Computer virtualization allows you to run and control multiple individual operating systems on a single physical server. Each of these operating systems runs independently from and concurrently with the others. While each appears to have its own hardware resources, physically they are sharing the hardware resources that exist on the single physical server. Machine virtualization allow companies to support the number of servers and/or The result is decreased hardware cost, decreased electrical requirements, decreased cooling requirements, and decreased physical space requirements. This program is expected to begin in fall 2015.

It was recommended that the Board approve the Virtualization Systems Administrator Technical Diploma and authorize its submission to the WTCS State Board for approval.

Automotive Maintenance Technician Technical Diploma Program Approval

The Automotive Maintenance Technician program prepares students for work in an automotive service department. Students learn to repair and service basic mechanical parts of the automobile under conditions similar to those in an actual repair facility. This program is expected to begin in fall 2015.

It was recommended that the Board approve the Automotive Maintenance Technician Technical Diploma and authorize its submission to the WTCS State Board for approval.

Microsoft Systems Administrator Technical Diploma Program Approval

The Microsoft Systems Administrator Technical Diploma exposes students to a variety of skills utilized in entry-level systems administration positions. Students are exposed to various aspects of data networking and security, data storage, network administration and operating systems software. Special emphasis is placed on understanding Microsoft Windows Server, Windows client systems and virtualization technologies. Optionally, students can work to obtain industry certifications such as the Microsoft Certified Technology Specialist-Windows Client and Windows Server (MCTS) and Microsoft Certified Solutions Associate-Windows Server (MCSA).

Typical job duties include the installation, configuration, administration and operation of client and server systems including Microsoft Windows server and Windows client. Graduates are often involved in the integration of hardware and software required to support new IT initiatives. Employees in this field often work extensively with end users and other members of a technology team on both individual and group projects. Strong interpersonal and communications skills are desirable to employers. This program is expected to begin in fall 2015.

It was recommended that the Board approve the Microsoft Systems Administrator Technical Diploma and authorize its submission to the WTCS State Board for approval.

Linux Systems Administrator Technical Diploma Program Approval

The Linux Systems Administrator Technical Diploma exposes students to a variety of skills utilized free and open source software. This Technical Diploma will prepare students to install, support, maintain, and troubleshoot Linux servers in a business environment. Students are exposed to various aspects of networking, security, data storage, and typical network protocols using CentOS, a RedHat based Linux Distribution. Emphasis is placed on understanding Linux servers, services, users and groups. Students can use information learned in this diploma to obtain industry certifications such as Linux+. This program is expected to begin in fall 2015.

It was recommended that the Board approve the Linux Systems Administrator Technical Diploma and authorize its submission to the WTCS State Board for approval.

Cisco Systems Administrator Technical Diploma Program Approval

The Cisco Systems Administrator Technical Diploma exposes students to the CCNA Routing and Switching curriculum provided by Cisco's Networking Academy. This curriculum helps students prepare for entry-level career opportunities such as Network Specialists, Network Administrators, and Network Support Engineers. This program also helps prepare students for the globally recognized Cisco CCENT and CCNA certifications. The Cisco Systems Administrator Technical Diploma validates the ability to install, configure, operate, and troubleshoot medium-size routed and switched networks. This program is expected to begin in fall 2015.

It was recommended that the Board approve the Cisco Systems Administrator Technical Diploma and authorize its submission to the WTCS State Board for approval.

Center for Business & Industry (Contracts for Service)

Under the provisions of State Statutes 38.14 (3) and State Administrative Code WTCS 8, the District Board may enter into contracts to provide instructional or non-instructional services to public institutions, local governmental bodies, private institutions, industries, and businesses. District Board policy E240 delegates the authority to initiate a contract to the President, with the proviso that the contract is subject to retroactive approval by the Board. A report of fiscal year 2015 contracts pending Board approval was attached as Board Exhibit 6.

This report includes not only the in-district contracts but also the out-of-district and the out-of-state contracts. State Board Contract for Service Policy requires that the District Board receive a report at least quarterly on contracts entered into for which less than full cost is being charged. We have elected to provide the Board with this report on a monthly basis. This report uses a state formula in which the state annually calculates a percentage for indirect expenses (31.75% for on-campus and 25.327% for off-campus) such as administration, facilities, utilities, information systems, registration, counselors, insurance, etc., associated with a contract to determine full costs. The hourly rate of \$167.00 per hour along with the ability to project price was recommended by the department and approved by the Board. The intent is to recover the direct and indirect costs of delivering the services. Copies of the contracts were available for review by any interested person.

It was recommended that the Board approve the contracts for services identified in Board Exhibit 6.

Dave Mayer moved that the Board approve the consent agenda items as follows: the January 14 and 26, 2015 Board meeting minutes; the resignation notice of Jill Noffsinger, CPR Instructor/Coordinator effective March 2015; the program approvals and authorizations to submit to the WTCS State Board for approval of the Virtualization Systems Administrator Technical Diploma, the Microsoft Systems Administrator Technical Diploma, the Linux Systems Administrator Technical Diploma, the Cisco Systems Administrator Technical Diploma, and the Automotive Maintenance Technician Technical Diploma; and, the contracts for services identified in Board Exhibit 6.

Motion seconded by Carla Hedtke.

Motion carried, with all voting "Aye" on voice vote.

Ying LaCourt entered the meeting at this time (1:45 p.m.)

Reports

Board EduByte – Center for Instructional Excellence

Stephanie Atkins and Clifford Goodacre, Faculty Development Consultants, provided information to the Board on the Center for Instructional Excellence.

Policy Discussion - Partnerships with Social Agencies for External Support Services

Vickie Lock, Dean of Student Success, and staff provided information on the College's partnerships with social agencies for external support services for students.

Dave Mayer and Ying LaCourt left the meeting at this time (2:48 p.m.).

Key Performance Outcomes

The end of 2nd quarter Key Performance Outcomes Status Report for academic year 2014 was included with the Board packet as Board Exhibit 7 for review by the Board.

Included with the quarterly report were the FY 2015 Operational and Capital Contingency Account Status Reports, the Board Professional Development Account Status Report, the FY 2015 & Prior Year Capital Budget Status Report for items with a total cost of \$50,000 and greater, and the Vehicle Usage Report.

President's Report

Enrollment Activity

- The College is running about 3.3% lower than last year at this time on FTEs. Traditional classes are down 1.7%, but are down more in Associate Degrees (-2.2%). Biggest declines are in Business & Information Technology and our General Studies departments. Growth is primarily in our diverse populations.

Legislative Issues (state & federal)

- Differentiated tuition is being proposed by the Governor which would place a freeze on programs of high demand for employers; and no freeze on other program tuition fees. The Colleges are opposed to that legislation in that each year the programs that are frozen may change. Programs of high demand also cost the most in equipment.

- Performance based funding is capped at 30% - there is some interest in taking it beyond 30%, but not to 100%. Each 10% it is increased costs the College \$200,000.
- Credit for Prior Learning legislation will be important to the College.
- Governor also proposed combining the HR and Finance Departments of the State Office under the Department of Administration.

Current Events

- Erin Wood updated the Board on referendum activities and the current communication plan.

Other Business & Adjournment

Review Next Month Agenda Items

The March 2015 meeting will be held at the Green Bay Campus with the following items scheduled:

1. Policy Discussion – Title IX Requirements
2. Board Edubyte – Course Options

Other Business

Chairman Worrick noted that Carla is finishing up her term as Secretary/Treasurer of the District Boards Association Board of Directors and is now on ballot to become Vice-President of the Association Board. It was the consensus of the Board that the College indicate the Board's support of Carla Hedtke's nomination to the position of Vice-President.

Jeff Rickaby moved that the February 25, 2015 Board meeting be adjourned (3:35 p.m.).

Motion seconded by Carla Hedtke.

Motion carried, with all voting "Aye" on voice vote.



 Phyllis J. Habeck, Board Secretary

3-11-15

 Date

PROCEEDINGS OF THE BOARD OF HEALTH MEETING
Tuesday, January 13, 2015
5:00 PM

Present: Audrey Murphy, J.J. Tibbetts, MD, Susan Paulus Smith, Harold Pfothenhauer, Richard Schadewald

Excused: Joe Van Deurzen

Staff Present: Judy Friederichs, Chua Xiong, Rob Gollman, Patti Smeester, Debbie Armbruster, Jason Aho, Lisa Hodgins

Others Present: Bill Acker, Melissa Kitchenakow, Chris Culotta from Wisconsin Division of Public Health

1. Call to Order, Welcome, and Introductions

Brown County Health Department staff and Board of Health introduced themselves as well as all others present.

2. Approval / Modification of the Agenda

MOTION: To approve the agenda as presented.

Tibbetts/Pfothenhauer

MOTION CARRIED

3. Approval of Minutes of November 11, 2014

A suggested spelling revision was requested.

MOTION: To approve the minutes as corrected.

Tibbetts/Pfothenhauer

MOTION CARRIED

4. Certificate of Level III Designation to the Health Department

Chris Culotta, the NE Region Director for the State of Wisconsin Division of Public Health, explained that state statutes requires that every five years the State must do a minimal compliance check of all health departments in Wisconsin. On December 18th the State of Wisconsin was here to do the Level III 140 review for the Brown County Health Department. Chris presented a Certificate of Designation to the Board of Health and Judy. Audrey congratulated the staff and recognized the organization and their efforts.

5. Open Session: Discussion and hearing on the licensing of Anthony J. Kitchenakow for the Tattoo/Body Piercing Establishment previously doing business as Electric Art, located at 1723 University Avenue, Green Bay, Wisconsin.

The establishment was found to be in operation without a license issued by the Brown County Health Department on December 17, 2014, after the license was surrendered by the previous licensee at that address. Rob Gollman indicated that Anthony Kitchenakow was served notice of the meeting in the form of a letter and was provided with an agenda. Judy Friederichs and Rob Gollman previously had a conference call with Anthony informing him of the meeting date. Anthony Kitchenakow was not present but Mr. Kitchenakow's wife, Melissa was present. Anthony asked Melissa to come to the meeting because he was held

up due to vehicle problems but did not call prior to the meeting to authorize her as his agent. Audrey questioned whether Melissa could legally represent Mr. Kitchenakow. There was discussion amongst board members whether Melissa could act as agent for Mr. Kitchenakow since he did not authorize her as his agent prior to the meeting. Since Mr. Kitchenakow was served notice it was decided to go into closed session.

MOTION: To go into closed session at 5:30 PM.

Roll call vote: Ayes: Pfothauer, Paulus Smith, Tibbetts; Nays: Murphy

MOTION CARRIED.

6. **Closed Session: Discussion and hearing on the licensing of Anthony J. Kitchenakow for the Tattoo/Body Piercing Establishment previously doing business as Electric Art, located at 1723 University Avenue, Green Bay, Wisconsin. Notice is hereby given that the above governmental body will adjourn into closed session pursuant to Wis. Stat. §19.85(1)(b) which authorizes a closed session to consider licensing of persons by a board or commission and the taking of formal action on any such matter provided that the person licensed is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action may be taken. The notice shall contain a statement that the person has the right to demand that the evidentiary hearing or meeting be held in open session.**

7. **Reconvene into Open Session: Discussion and possible action on the licensing of Anthony J. Kitchenakow for the Tattoo/Body Piercing Establishment previously doing business as Electric Art, located at 1723 University Avenue, Green Bay, Wisconsin.**

Back in open session at 6:15 PM.

Upon return from closed session Anthony Kitchenakow was present.

MOTION: To advise the issuance of a conditional license if application is made for tattoo or tattoo and body piercing. The terms and conditions as stated in the letter as drafted shall be followed.

Tibbetts/Pfothauer

MOTION CARRIED.

MOTION: To depart from the regular order of business to hear public comments.

Tibbetts/Pfothauer

MOTION CARRIED.

Anthony J. Kitchenakow, Sr., 1138 Langlade Avenue, Green Bay, WI 54304.

Anthony addressed the Board by apologizing for his late arrival. Anthony commented he was in favor of stricter sanctions not only on his establishment but on all establishments. Anthony bought the business on October 10, 2013 and his lease started on October 13, 2014, and indicated the previous owner was tattooing minors. Anthony indicated he has never had any problems with any of his establishments. He indicates he inherited the problems from the previous owner. He works hard and hand in the community. He indicates he works with the police department gang squad unit to remove gang tattoos to help the community. Anthony thought the license transferred over as he paid for it. He indicates his equipment was stolen and he is waiting for the police to finish their investigation. Once the previous owner left he did not know the license went with him. He apologized to the Board.

Audrey stated the Health Department would be giving him a letter today. Rob Gollman gave Mr. Kitchenakow the letter with terms and conditions and indicated it will be a conditional license issued after issues are addressed.

Dr. Tibbetts asked Rob Gollman to make the appointment with Mr. Kitchenakow to review conditions. Rob instructed Mr. Kitchenakow to contact him with questions and to discuss the requirements prior to scheduling the pre-inspection.

MOTION: To regular to the regular order of business.

Pfotenhauer/Tibbetts

8. Odor Complaint Update

There have been no odor complaints noted since the last meeting. There have been no complaints to date for 2015.

9. Correspondence

Judy mentioned a letter from Mr. Witte which was emailed to Board members and a hard copy was handed out to the Board members at the meeting. Judy also handed out a copy of an email which came from Mark Werner from the State of Wisconsin. Audrey indicated she received a letter of support dated December 12, 2014 from Senator Frank Lasee which a hard copy was also given to the Board members. Dr. Tibbetts indicated he had binders for the Board members from the Brown County Citizens for Responsible Wind Energy (BCCRWE) which contains correspondence from all over the world in support of the action of the Board of Health regarding the industrial wind turbines. Audrey mentioned the audit we did on December 8th in which there were certain questions that were asked of the department before the State arrived for the audit and Judy answered most of those questions in writing and it is a wonderful review and informative. Patti indicated she would make copies and give to the members of the Board.

10. Educational Presentation: Lisa Hodgins-Environmental Health Services

Lisa Hodgins presented "A Day in the Life of a Public Health Inspector." Their duties include inspections of restaurants, grocery stores, and gas stations that sell food, school cafeterias, swimming pools, hotels, campgrounds, mobile home parks, tattoo & body piercing establishments, temporary events and festivals, and food recalls. The Public Health Inspector also inspects living conditions, investigates lead poisonings, provides education and outreach, assists in emergencies, handles nuisance complaints – odor/noise, tests and assesses well water, informs people about radon & other health issues.

10a. Request Authorization for Changes to License Fee Schedule Not Reflected in 2015 Approved Budget.

Rob asked the Board to correct a typographical error in the fee schedule to change the first offense penalty for certified food manager not on staff from \$123.00 to \$127.00 to accurately reflect the 3% fee increase approved and to increase the "other permit" inspection fee from \$41.00 to \$45.00. This increase is necessary due to declining revenues from an increase in the number of state licensed and other agent licensed mobile units and temporary food stands that operate in Brown County at temporary events such as Artstreet, Fire Over The Fox, the farmers markets, etc. We are required to honor these licenses but may charge a fee for inspection.

MOTION: To authorize the license fee changes proposed to the 2015 Fee Schedule.

Paulus Smith/Pfotenhauer

MOTION CARRIED.

11. Director's Report

Communicable Disease - Chua Xiong reported there has been a respiratory outbreak in a nursing home and one Norovirus. We have 16 respiratory outbreaks that the nursing staff is working with; 9 of them are nursing homes and 7 are CBRF's. With these respiratory influenza outbreaks in the nursing homes, the concern is in the supply of Tamiflu. Tamiflu is the antiviral that is prescribed for anyone who gets influenza who is considered high risk. It has to be given within the 24 to 48 hours to have any effect. With the nursing home the concern is the supply or the ability to get Tamiflu. The state has a supply of Tamiflu and in an outbreak situation we would work with the nursing home to get them Tamiflu to prevent the spread of the outbreak. The nursing home has to use all their resources for Tamiflu. The State would be a last resort. Once their resources run out the Health Department would supply them with the Tamiflu but their medical doctor has to work with that facility for the residents. If the staff has their own primary physician they would go through their physician. The State had a webinar last Thursday and they indicated that this year has some of the most reported cases of influenza with 2,441 hospitalized cases. Out of 2,441 hospitalized cases, 1,724 were cases of persons 65 and older. Chua indicated that nationwide, 68% is the influenza A H3N2 and that is the one that drifted. This (drifted version) was not in the vaccine component. We do have some Tamiflu on hand as it takes the State 48 to 72 hours to ship. If we had a nursing home that would need Tamiflu, it is available to them. The vaccine available does provide some protection so the Health Department still encourages getting the flu shot and hand washing. There was one death in Brown County and two others elsewhere in the State of Wisconsin. Chua also indicated with have two cases of HIV in which we are concerned over their risk behavior.

Recruitments – Human Resources is close to setting up interviews for the new director and Judy has been asked to sit on the interview panel. The two sanitarian positions have been reposted so we can get at least 8 qualified applicants to interview. Chua Xiong will be interim director starting January 31, 2015.

CHIP – We went through our CHIP process and we selected an additional priority – mental/behavioral health. On December 8, 2014 there was a public policy breakfast which targeted local officials regarding the alcohol issue in the community.

Do1Thing - Anna Destree and Paul Gazdik, the Emergency Management Director got a Mayor's Award for their inter-government partnership related to the Do1Thing campaign. They worked with the leaders of different governments in our community, including the Oneida Tribe of Indians to promote the program and to promote the value of local preparedness within their organizations.

Facility update – Moving our department seems to be on hold for now. Patti Smeester talked about the new cameras in our office. They were placed in the garage, overlooking the cash register and faced at the front door. Hopefully within a month we will be able to record. We are waiting for Technology Services to set up a needed server to store recorded data. There will be a monitor placed on the front counter to view the garage when employees are installing car seats for safety reasons.

12. All Other Business Authorized by Law

None.

13. Adjournment / Next Meeting Schedule

NEXT MEETING: TUESDAY, JANUARY 20, 2015, AT 5:00 PM AT UW EXTENSION OFFICE, 1150 BELLEVUE STREET, GREEN BAY, WI, WHICH IS A SPECIAL MEETING WITH DUKE ENERGY. Judy presented two options for an agenda for this meeting and the notice of special meeting with public comments was chosen.

TUESDAY, MARCH 10, 2015, 5:00 PM REGULAR MEETING

MOTION: To adjourn meeting at 7:47 PM.

Pfotenhauer/Paulus Smith

MOTION CARRIED

Draft: 1-13-15(1)

PROCEEDINGS OF THE BOARD OF HEALTH MEETING
Tuesday, January 20, 2015
5:00 PM

Present: Audrey Murphy, J.J. Tibbetts, MD, Susan Paulus Smith, Harold Pfothhauer, Richard Schadewald

Excused: Joe Van Deurzen

Staff Present: Judy Friederichs, Chua Xiong, Rob Gollman, Patti Smeester, Debbie Armbruster, Kevin Pontius

1. Call to Order

Audrey Murphy called the meeting to order.

2. Duke Energy presentation regarding Shirley Wind Turbines.

Audrey gave a brief outline of events leading to this meeting. After studying this issue for 4 ½ years, on October 14, 2014, the Brown County Board of Health passed a motion which read "to declare the industrial wind turbines at Shirley Wind Project in the Town of Glenmore, Brown County, Wisconsin, a human health hazard for all people, residents, workers, visitors and sensitive passersby who are exposed to infrasound low frequency noise and other emissions potentially harmful to human health." On October 31, 2014, the Board received a letter from Mr. Edward B. Witte requesting due process. At the November 11, 2014, Board of Health meeting attended by Mr. Witte and Mr. Louis Butler, the Board of Health established a special meeting with Duke Energy. At that time, a motion by Richard Schadewald read as follows, "For Duke Energy to present to the Board of Health any information they feel pertinent to our concerns about the Shirley Wind Project and any recommendations Duke Energy has to alleviate the concerns of Brown County citizens at a special Board of Health meeting scheduled for January 20, 2015." On December 15, 2014, as the chairperson, Audrey sent a letter to Mr. Witte inviting Duke Energy to appear at this meeting. Following that letter, the Board of Health received an email dated January 8, 2015, from Mr. Witte.

Edward Witte, an attorney with Gonzalez Saggio & Harlan Law Firm in Milwaukee, spoke on behalf of Duke Energy. Mr. Witte stated that the background the Board of Health Chair has provided is consistent with his understanding of how we arrived here tonight. Mr. Witte indicated that the Board of Health motion from November 11, 2014, requested Duke to present to the Board of Health with any information they feel pertinent to our concerns about the Shirley Wind Project and any recommendations Duke Energy has to alleviate concerns of the Brown County citizens.

Mr. Witte further stated that the scope of the presentation relates to information Duke Energy feels is pertinent regarding the Board of Health involvement in the Shirley Wind Project. He continued that while they respect the objectives of Board of Health to address issues of concerns presented, the Board's assertion of authority doesn't necessarily mean that the Board or the County has legal jurisdiction over the Wind Farm. On January 8, 2015, Duke transmitted a letter to the Chair of Board of Health and corporation counsel setting

forth an analysis of the applicable law pertaining to wind energy systems in Wisconsin such as Shirley Wind Farm. This letter requested the Board of Health to rescind its human health hazard motion because the Board and the County lack authority to regulate the Wind Farm. Corporation counsel confirmed receipt of this letter on Monday, January 12, 2015. Later that week, Mr. Witte spoke with corporation counsel to see if there were any questions and also pointed out that the nature of the presentation that Duke was providing was strictly related to the proper regulation of the Shirley Wind Farm and the lack of county authority over the Wind Farm.

Mr. Witte explained the Brown County Board of Health does not have authority to regulate the Shirley Wind Farm pursuant to the human health hazard process. Under Wisconsin law, the legislature has identified the Wisconsin Public Service Commission ("PSC") and a local permitting authority (in this case, the Town of Glenmore) as the entities that regulate "wind energy systems," such as the Shirley Wind Farm. Mr. Witte indicated it is true that under this legal framework, a municipality, such as Brown County, has the authority to participate in the regulation of a wind energy system, but it can do so only by passing an ordinance that is no more restrictive than state law. Furthermore, such a county ordinance will not apply to a wind energy system that was previously approved pursuant to a valid development agreement, such as the Town of Glenmore conditional use permit. It also would not apply because any such ordinance would have been promulgated after PSC 128, the state law regulating wind energy systems, took effect March 16, 2012. Wisconsin law also prohibits counties from taking action to make policy related to wind energy systems. As part of its comprehensive regulation of wind energy systems, the Wisconsin legislature and the PSC established the Wind Siting Council "WSC" to assist at making informed decisions about changes to current regulations related to all aspects of wind energy systems. On October 31, 2014, the WSC determined that no additional regulation of wind energy systems, including any regulations to address a potential concern such as infrasound low frequency noise was necessary. Mr. Witte stated the WSC is clearly determined that at this point in time that infrasound low frequency noise will not be subject to changes to Wisconsin's wind energy system laws.

Mr. Witte indicated the Wisconsin Courts have upheld this regulatory framework of wind energy systems, including the limitations that are placed on counties. In his letter of January 8, 2015, Mr. Witte identified two cases, *Numrich v. City of Mequon Board of Zoning Appeals* that stated that this regulatory framework "is a legislative restriction on the ability of municipalities such as the county to regulate wind energy systems."

He stated in *Ecker Brothers v. Calumet County*, the Court found that the conditions identified in these laws are "circumscribing the power of political subdivisions, not openings for them to make policy that is contrary to the state's expressed policy". Mr. Witte states that based on those cases and the law that he has talked about, it is clear that if the County wanted to pass an ordinance to protect human health it cannot implement policy making standards such as an action like a human health hazard determination based on otherwise unregulated infrasound low frequency noise. Infrasound low frequency noise has not been addressed on a statewide basis by the PSC or the legislature. The only way that it has been identified or addressed is pursuant to the October 2014 WSC report. In that report the PSC specifically declined to regulate infrasound low frequency noise. Therefore, to the extent any policy exists in this area is the determination not to regulate this issue. For Brown County to seek to regulate infrasound low frequency noise by way of a human health hazard would be especially improper contrary policy making.

Mr. Witte summarized that the Wisconsin legislature has clearly established a structure to regulate the permitting and operating of wind energy systems relying on state law and local ordinance, for example the Town of Glenmore wind energy system ordinance. Legislature recognizes that a political subdivision could place certain restrictions on a wind energy system provided the restrictions serve to protect public health or safety but in such a case they can only place those restrictions by way of an ordinance that is no more restrictive than the PSC's existing standards for wind energy systems. That is not being applied to a previously approved wind energy system that is not promulgated subsequent to the states laws and PSC 128 and it does not constitute policy making of otherwise unregulated conditions. Therefore any effort by the Brown County Board of Health to restrict the Shirley Wind Farm through a finding of a human health hazard cannot succeed because it does not meet those standards. Mr. Witte requested the Board of Health take formal action to rescind and reverse is October 14 motion regarding the Shirley Wind Farm.

Richard Schadewald clarified that it is the understanding of Mr. Witte that the proper place to pursue a remedy in this situation is through the legislature and the PSC. Witte indicated yes.

Jake Eggert, 1210 Spartan Road, New Franken, WI – Mr. Eggert introduced himself and indicated he has a Master's Degree in Environmental Science and Policy from UWGB. Mr. Eggert indicated in accordance with the Code of Federal Regulations Title 45 Section 46.103, Mr. Eggert paraphrased that in order for a government agency to hear Mr. Acker's research, he must be certified by the National Institute of Health or U.S. Department of Health and Human Services and he is not. Mr. Eggert is certified by them. Mr. Eggert indicated this especially pertains to research in subjects involving children. Mr. Acker indicated he was involved in acoustical analysis. He worked with two families to see if there was an association between one family that was sick from a cooling tower and one from a wind turbine but that was a doctor working on the issue. He has been working on the association of noise to illness. Mr. Eggert's request is that we follow that procedure.

Jake Eggert pointed out that he believes the Board of Health should do a life cycle analysis on wind turbines and coal energy. The wind turbines are mitigating the coal being burned in Brown County and that Brown County is in the bottom 10 percentile for air quality in the nation and we are not looking at the complete health qualities of all citizens of Brown County. Mr. Eggert has also done research with the CDC and American Lung Association and according to their research, coal power plants kill about 13,000-15,000 per year. He is not sure how many are killed by wind mills. Whether there are health impacts or not we still have to look at the health impacts on the entire county. Mr. Eggert feels we need to investigate all angles of this before we make a motion that is going to have profound impact on the future of wind energy in our county or in our state.

Dr. Patricia Terry, Environmental Engineering Professor at the University of Wisconsin Green Bay, 1269 S. Quincy, Green Bay, WI 54301 – Dr. Terry stated she understands the need for and the importance of a peer reviewed process in gathering any type of scientific information that someone is going to make claims from. Dr. Terry brought a report that was conducted by the Massachusetts Department of Environmental Protection in collaboration with the Massachusetts Department of Public Health who convened an independent panel of experts to identify any documented or potential health impacts that may be associated with wind turbines. She quoted portion of the report. She indicated that what they have

found is that there are some best practices that can be employed that can minimize the impact on residents. Dr. Terry stated that wind turbines are widely used in the countries of Denmark and Germany. She went to Germany two years ago on a grant to study the differences between wind policy and implementation between the two countries and the difference that was found was that in Germany, when a community sites a wind turbine, everyone in the community has the opportunity to invest. In Germany the saying is "every flicker is euro." What they found is that there is no such thing as wind turbine syndrome in Germany. The conclusion that was made comparing the two countries is that wind turbine syndrome in the United States is mainly the "green eyed monster of jealousy," when your neighbor is making money from wind turbines are you are not. That has been the documentation and she thinks that if are going to make a ruling on the effects on the health impacts of wind turbines in Brown County we need to go on peer review.

Dr. Terry stated further to what Jake Eggert reported, if we are going to talk about the health effects of wind turbines we need to do a comparative with our current mode of electricity which is coal burning power plants. Brown County has some of the worse air pollution in the State. She stated that coal releases chemicals that can contribute to acid rain to global climate change to photochemical smog. They also release things like lead and mercury into our waterways and arsenic into our waterways that makes the fish in our waterways inedible. She concluded that if we are going to do a fair impact study we need to do a comparative study between fossil fuel based energy and wind energy and she thinks when we do that we will find that wind energy poses little or no threat to human health and our current fossil fuel energy is a human health disaster.

Mr. Schadewald asked Dr. Terry for a list of best practices that were in the report she mentioned and said he would like a copy.

Audrey commented that this Board of Health has never said in the 4 ½ years that we have studied this issue that we are opposed to wind energy and it was important to be clarified.

William Acker, President of Acker & Associates, 3217 Nicolet Drive, Green Bay, WI - Mr. Acker started working on this issue with a cooling tower in downtown Green Bay which produces the same type of pressure pulsations that wind turbines do and then got pulled into the wind turbine issue as he was researching the cooling tower. He got contacted by a family that thought they were getting sick from wind turbines. He has been an engineer since 1975 and has been working on this issue for 7 years, donating his time to find the truth to this issue. He has not made any money on any of his work on this issue. The medical evidence related to illnesses from infrasound is very strong in his opinion. He stated Professor Alec Salt, an Otolaryngologist at the Washington University School of Medicine, knows more about the workings of the inner ear than anyone he knows. But still many do not pay attention. He states he is a supporter of wind turbines but we need to push this industry to solve their problems and until then we need to provide infrasound and low frequency noise codes to protect the public from the sound pressure pulsations that are making people ill, like some of the European countries have already done.

James Vanden Boogart - 7463 Holly-Mor Road, Town of Morrison, WI – Mr. Vanden Boogart was an alternate member of Wind Siting Council during 2014. Mr. Vanden Boogart states the Wind Siting Council (WSC) 2014 Report is an opinion, not regulation. He indicates there are 14 members on the council, 6 clearly pro-health members, 8 clearly pro-wind members. He indicated the PSC staff itself drafted the entire document and PSC staff has been known to be very pro-wind and that was the tenor and the flavor of the document.

After that was drafted it was sent to council members. They had an opportunity to send comments and ask for changes based on how the staff presented the information in a peer reviewed literature. Anything that was not unanimously agreed upon was voted on by the council. A simple majority vote and the pro-wind majority won almost every single vote to include things and to exclude things. The resulting report is very biased in its opinion. He indicates there is a minority report, Appendix F contained in that report which is the opinion of the minority of the WSC. All the legislation suggested by the minority was voted out by the majority. He would not trust that report because it was a very biased process. It is just an opinion. We need to know how opinions are produced when reading reports.

Richard Schadewald asked Mr. Vanden Boogart for the Wind Siting Council Minority Report Appendix F. Audrey indicated we will get him a hard copy of that document.

Steve Deslauriers, 2889 Wayside Road, Holland, WI – Steve wanted to share his frustration and indicates this feels like the speech that We Energy gave about 5 years ago basically denouncing that there is any truth to the health claims and simply throwing up procedural road blocks. He states these are real people that did not have an opinion on wind energy before the project was built that are suffering day in and day out. He states there are homes for sale in Glenmore and he can't imagine why there is not an environmentalist that wants to buy it. He states we are not against environmental issues. He has planted 15,000 trees on his land. He knows people who restored prairie on their property. He states they do the right thing for the environment on our properties for our communities, for our families.

Steve begs the people speaking in support of this industry not to be manipulated by this industry. He states it is a propaganda machine that asserts no harm but they cannot prove that there is no harm to these people. He states the Wind Siting Council is made up of people who operate wind farms, profit from wind farms, and quasi environmental groups who receive a substantial portion of their funding from wind farms. He states you cannot go into that room and objectively create rules when you are under so much financial pressure to serve the industry. He states this is not about coal. This is about proper citing of generation facilities. Just like there is a proper place for coal plant, a proper place for a nuclear plant and then to say that there is no restrictions for wind and they are placed next to people's homes 1,000 – 1,250 feet. It is not about the technology. It is all about proper siting.

Jake Eggert – He would like to clarify that he is not representing any group other than just his family and the families of Brown County. He is concerned with the health of his family and that there is no concern with the air quality prior to the wind (turbines).

Sandra Johnson – 1893 Wayside Road, Greenleaf, WI – Retired Green Bay teacher who earned a BS degree in natural science from UW-Madison and has a degree from UWGB in elementary education. She has been working on this going on 6 years. She has been in the homes of two of these families that have vacated their home. She got sick in 45 minutes with left sided ear pain and nausea. She would like the focus of the meeting to focus on Glenmore and not coal. She stated that if she were to ask the people in this room who are on the salary of wind corporations to raise their hand if they live near a wind turbine, probably no one here who is pro wind lives near a wind turbine. She commented that no one has talked about the high levels of stray voltage in these homes. Stray voltage and EMFs (electromagnetic fields): anytime you have current in a conductor, you have EMFs. She states they are not wind mills, they are industrial machines.

The Madison Police department, when they get new cars, have a howler, which is a system below the headlights that shoots out LFN so if they come to a busy intersection in Madison it will cut through the sound of a radio in your car, people talking, even perhaps someone with headphones on so that they get their attention and get through the intersection. The LFN in the squad car can only be on for 7 seconds because it could affect the ability to control the vehicle at high speed. She is going to side with NASA and the Department of Energy Engineers who did a report in 1990 after they studied industrial wind turbines which said don't put these machines close to people. If you do, they are going to get sick with this acoustics energy. They are going to have ear pressure, ear pain, tinnitus, nausea, sleep loss.

Carl Johnson – 1893 Wayside Road, Greenleaf, WI – He is a retired social studies teacher and environmental study teacher from Kaukauna high school. He has been studying this issue for close to 5 years and it has caused him to become angry, to become cynical, to join the vast majority of Americans who have lost faith in the governmental institutions that we have created to supposedly protect us and take care of us in time of need. He states the passage of Act 40 basically took away local municipalities ability to regulate industrial wind systems. In terms of policies that are made by the WSC, right now 1,250 feet is considered the safe distance to construct a wind turbine from a home. As it turns out, 1,250 feet is maximum distance that you can place between a wind turbine and a residence and still get it on a 40 or 80 acre parcel of land in Wisconsin. A member of the WSC stated at a meeting when the wind facility at Glacier Hills was being constructed, when they increased the distance to 1,300 feet, he said something on the order that all but 5 of the 80 turbines would have been scrapped because that distance would not have allowed them to be built on a parcel of land. What appears to be a health concern or mask as a health concern is nothing more than an expedite for citing these things as close to people as possible. There is a need for more research and low frequency noise is the key.

Mr. Schadewald asked what his experience is going through the legislative hearings as far as being effective in getting your point of view across. Mr. Johnson said they have always been given time to speak. He states there is a very small group of people in the Wisconsin legislature who have taken the time to look at this and be sensitive to what is happening. He states the votes in rural Wisconsin are too far apart and it is his feeling that the influence of big money that is driving this is making it impossible for our legislative institution to properly take up this issue of human health. He believes there are people in the environmental community that think the Shirley wind is a community based wind project but it is multimillion dollar corporate entity. He states some people in Shirley Wind have 5 times the stray voltage at the kitchen sink than is what is allowable for a dairy cow in a barn in Wisconsin. There are no standards for people. Mr. Schadewald asked if he was a member of any group that is working on this and he indicated he was part of Brown County Citizens for Responsible Wind Energy.

Barb Vanden Boogart – 7463 Holly-Mor Road, Greenleaf, WI - She is one the executive members of the Brown County Citizens for Responsible Wind Energy. For the last 5 years, they have worked to research this issue to advocate for, to inform, and to educate concerning the issue of industrial wind turbines and their impact on populations. She has interviewed numerous people who have experienced what is referred to as wind turbine syndrome, not only in Brown County but across the nation. She communicates with scientists, engineers and physicians on a regular basis that are researching this issue. From her perspective, based on interviews she has done with individuals and from the science, she considers what is happening to people across the world being exposed to

industrial wind, to be a human health crime for the purpose of profit. In 1987, Dr. Phillips did research on nausea related to aircraft and spacecraft for NASA. To their surprise, during the process of testing, they realized that people being exposed to wind turbines as far back as 1987 experienced the same symptoms-not only with down wind turbines, but with up wind turbines as well. NASA was involved in this testing and they were fully aware of this issue regarding wind turbines. They told the wind industry that this problem existed, and that infrasound was indeed generated and documented as a result of their tests. The wind industry has been aware of this since 1987. She states the Wind Siting Council within Wisconsin refused to look at the documentation of the five acousticians that did the 2012 low frequency sound testing within the Glenmore project. All five came to the same conclusion that low frequency sound was detected in significant levels.

Susan Ashley – 309 Prospect Avenue, Denmark, WI – Susan has a letter she would like to read that was sent to Duke Energy addressed to Ben Jordan, Eric Cavanaugh and Robert Jones and sent on August 8, 2013. She read several parts of that letter asking Duke for a letter declaring that they are safe and to date we have not received a response.

Dr. Terry wanted to clarify that she is not in any way tied to the wind industry but just another concerned citizen who holds a different opinion.

MOTION: To return to the regular order of business.
MOTION CARRIED

Tibbetts/Schadewald

Adjournment / Next Meeting Schedule
MOTION: To adjourn meeting at 6:21 PM.
MOTION CARRIED

Tibbetts/Pfotenhauer

PROCEEDINGS OF THE BOARD OF HEALTH MEETING
Tuesday, March 3, 2015
5:00 PM

Present: J.J. Tibbetts, MD, Joe Van Deurzen, Harold Pfothenauer, Richard Schadewald

Excused: Audrey Murphy, Susan Paulus Smith

Staff Present: Chua Xiong, Rob Gollman, Patti Smeester

1. Call to Order, Welcome, and Introductions

Dr. Tibbetts called the meeting to order at 5:01 PM. Dr. Tibbetts introduced Chua Xiong as our new Health Director. Chua stated she was encouraged by Audrey Murphy, chairperson of the Board of Health, who is not present today to introduce herself and share a little more information about herself. Chua stated she will be sharing information about the Hmong culture in a way that we may have not heard. She is a child of the Vietnam era. Her father was a fighter pilot and fought alongside the United States in the Vietnam War and he fought for his country, humanity and equal treatment. Her father died standing strong for his beliefs. Her mother was a young widow and this was the start of their journey to the United States. Chua stated it was heartbreaking for her people as they sacrificed so much and lost many loved ones in the war. They were considered traitors in their homeland and now they are relocated to a country that does not welcome them. The American people did not know of their involvement in the war. It was not something shared with them. The Hmong people were the United States' secret guerilla fighters. They saved the lives of fallen pilots and others in the ground war. Many Hmong people sacrificed their lives to save the lives of American soldiers and American soldiers also sacrificed their lives for the Hmong People and their soldiers as well. There was no support system for the Hmong when they arrived in the United States and many of them committed suicide shortly after arriving in the United States because they felt hopeless. They were traitors in their homeland and also thought to be traitors in the US as well. We were thought to be Vietnamese or Viet Cong. In Chua's life she has faced adversity. She has experienced racial, gender and social economic discrimination. She has not let these circumstances harden her or make her a hateful person because of her Christian beliefs. The Lord has guided her along her journey also provided her with the strength she needed for whatever situation she has been in. She did not die in the Vietnam War as she believes the Lord has a bigger purpose for her and she believes that is to be here in Brown County serving its citizens. The Lord has not made it easy for her. He has made it challenging and difficult as possible because he knows she must face the adversities and continue to persevere in order for her to become a good and honest leader she is today. She is here as the health officer committed to the work that must be done. She knows she will face many challenges but she trusts that the Lord will give her the strength, courage and guidance to be fair and equal to all.

Dr. Tibbetts welcomed Chua and congratulated her.

2. Open Session: Discussion and possible action regarding the Shirley Wind Turbines.

Dr. Tibbetts shared with the Board a study done at Pacific Hydro at Cape Bridgewater, South Australia. Steve Cooper was invited and contracted by Pacific Hydro to look at their facility, and thinking that there were no problems, clear the air forever. It did not work out the way they planned. Steve was able to find the signal from the wind turbines which has DBWTS which was

found also by Rick James and others. He was constrained by Pacific Hydro as to how many people he could study and how the study was going to go. He found there was significant relationship between the on and off, which Pacific Hydro allowed them to do. He found causation as far as symptoms and non-symptoms and it really cleared the air as to whether there is or isn't a problem. His study was maybe 200-300 pages with about 500 pages of appendices. It was a significant study. He only studied three homes and six individuals. Those individuals were significantly sensitive to what was going on. Dr. Tibbetts believes Paul Schomer and George Hessler completely support Steve Cooper's study.

MOTION: To depart from the regular order of business to hear
public comments. Van Deurzen/Schadewald
MOTION CARRIED

No one addressed the Board.

MOTION: To return to the regular order of business Schadewald/Van Deurzen
MOTION CARRIED

3. **Closed Session: Notice is hereby given that the governmental body will adjourn into a closed session for discussion with legal counsel, possible action and the strategy to adopt regarding the Shirley Wind Turbines. Closed session is authorized pursuant to Wis. Stat § 19.85 (1)(g), for the purpose of conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is likely to become involved.**

MOTION: To go into closed session at 5:12 PM.
Roll call vote: Ayes: Pfotenhauer, Tibbetts, Van Deurzen, Schadewald; Nays: None
MOTION CARRIED.

4. **Reconvene into Open Session: Discussion and possible action regarding the Shirley Wind Turbines.**

MOTION: To return to open session at 6:33pm Van Deurzen/Pfotenhauer
Roll call vote: Ayes: Pfotenhauer, Tibbetts, Van Deurzen, Schadewald; Nays: None
MOTION CARRIED.

Dr. Tibbetts indicated he had a statement to make as follows:

The Brown County Board of Health is working on strategies to help the citizens of Glenmore.

5. **Adjournment / Next Meeting Schedule**

MOTION: To adjourn meeting at 6:36 PM. Schadewald/Van Deurzen
MOTION CARRIED

NEXT MEETING: March 17, 2015 at 5:00 PM

PROCEEDINGS OF THE BROWN COUNTY LIBRARY BOARD

A meeting was held on **February 19, 2015 at 5:15 p.m.** at the **Brown County Central Library, 515 Pine Street, Green Bay, WI**

PRESENT: KATHY PLETCHER, CHAD BIANCHI, CARLA BUBOLTZ, NATHAN JESKE, JOHN VAN DYCK, and CHRISTOPHER WAGNER

EXCUSED: BOB NIELSEN, TIM NIXON, and VICKY VAN VONDEREN

ALSO PRESENT: Lori Denault, Sue Lagerman, and Curt Beyler (staff). Jim Krol, Account Representative, Trane.

I. CALL TO ORDER President Kathy Pletcher called the meeting to order at 5:15 p.m.

II. APPROVE CONSENT ITEMS

A. Agenda Item V. (A) Adjacent County Billing will be deferred to the March meeting. There were no other changes.

B. Minutes There were no changes to the minutes and they stand approved. **Motion** by J. Van Dyck, seconded by C. Bianchi, to approve the January meeting minutes. **Motion carried.**

III. COMMUNICATIONS AND OPEN FORUM FOR THE PUBLIC

No one from the public was present to address the Board.

IV. LIBRARY BUSINESS

A. Information Services Report The January Information Services Report was presented and there were no questions.

B. Financial Manager's Report, Bills and Donations

There were no bills out of the ordinary. Financial reports were not presented since the books were not closed for December, 2014.

1. Approve 2014 Annual Report

There is a requirement that the annual report be approved by the Library Board prior to its due date of March 1. L Denault reviewed the data contained in the report. **Motion** by J. Van Dyck, seconded by C. Buboltz, to approve the 2014 Annual Report while giving the Board President discretion to add a statement concerning public library system effectiveness including verbiage regarding Brown County representation on the NFLS Board and also that the amount of revenue returned to the library has not been adequate in relation to the revenue generated by Brown County residents; and giving the accountant authority to make minor changes to the report if necessary. **Motion carried.**

C. Facilities Report

C. Beyler reported that the exit, emergency and exterior lighting was completed at the Central Library by Eland Electric; the Ashwaubenon and Pulaski Branches will have their check-out desks modernized with new countertops and a reduced footprint; the furnace and lighting retrofit in the leased space at Kress was completed; the lighting retrofit, fan installation and the AMH project was completed at Weyers-Hilliard; the Denmark Branch received a new 'never rust' book drop and the Ashwaubenon Branch's electrical service was updated.

1. Trane Preliminary Energy and Facility Assessment Presentation Jim Krol, an account representative from Trane, has worked on a number of projects for the city and surrounding area over the years. He has met with and discussed deferred maintenance as well as making improvements and using the savings realized from the improvements to pay for the improvements with County Administration. He presented the findings of a preliminary analysis report recently composed and noted that library facilities have withstood years of use. The executive summary outlined the following regarding the library system:

- Currently spending \$170K annually on utilities
- Administration has been a good steward of resources
- Facility improvements could realize 15-25% reduction in annual utility costs generating between \$25K and \$42K in annual energy savings
- Savings could yield self-fund infrastructure upgrades between \$500K and \$1M

The report outlined electrical and gas usage per location; determine an energy use index by facility and charted the findings. Also included was energy cost by square foot and source. Furthermore, the report outlined potential facility upgrade projects and included such things as asset preservation, comfort/safety, and building/efficiency.

The Trane report further outlined the financial feasibility of these projects and indicated that it is budget neutral, leverages energy and operational savings to secure funding, and offers the ability to fund over \$1M in facility improvements. The savings will pay for the improvements. A funding example cited a municipal lease plan in which payments don't start until projects are completed. The County Board would have to approve the project and the funding (similar to a bond).

The next steps in this plan would be to share the report's information with Public Works and County Administration; identify a path to accomplish a project through the County's purchasing and approval requirements; gain internal approval and move forward per State Statutes; select a performance contractor to do an in-depth audit; obtain County Board approval and implement the project(s).

J. Van Dyck asked, in addition to this concept, what the real next steps are - how do items get identified? Jim Krol replied that this report is a preliminary step created from other available information and a tour of the building. This engineers' compilation is very preliminary and doesn't indicate cost or savings. If the county sees this as a positive means of funding the project, then an in-depth audit would take place to determine projects.

J. Van Dyck asked, using the Central Library as an example, what the approximate cost would be for the audit. J. Krol replied that the larger the footprint the smaller the cost per sq. /ft. and it would probably be in the area of \$20,000 for all libraries (not including SW) but including the museum. The audit would take about three months.

C. Wagner noted that this proposal is only about infrastructure. K. Pletcher added that the library still has to be put back together and asked if that component was part of the project. J. Krol answered that this type of contracting is done in a manner that it doesn't disrupt the environment. C. Wagner asked what makes the most sense. J. Krol replied that if the intent is stay in the building for 15 years or more that it makes sense to do something but if there is consideration to build a new facility then it would be best to just keep going along as is being done.

2. Update from Facilities Committee

- a. Central Library Third Floor. T. Nixon has an intern working on gathering research on an "idea incubator" that incorporates flexible and designated spaces.

V. OLD BUSINESS

A. Adjacent County Billing This was deferred to the March Library Board meeting.

VI. APPROVE BUDGET ADJUSTMENT REQUEST Reallocate Library tax levy dollars transferred to the Central Library Renovation Capital Project fund in 2012 for the purpose of Design and Engineering costs associated with the expansion of the Southwest Branch Library. Because the approval of the budget adjustments was denied at the January Board meeting, the project was stopped. This action was not the Library Board's intention. The Library Board supports the project under the presumption that the County Board will fund it from other sources and not the funds that were intended for Central Library repair. K. Pletcher also voiced concern regarding operating costs as additional staffing may be needed and the library has a structural deficit. **Motion** by J. Van Dyck, seconded by C. Bianchi, to approve the budget adjustment request in the amount of \$5,500.00. **Motion carried.**

VII. APPROVE BUDGET ADJUSTMENT REQUEST Reallocate Library tax levy dollars transferred to the Central Library Renovation Capital Project fund in 2012 for the purpose of Architect costs associated with the expansion of the Southwest Branch Library. **Motion** by J. Van Dyck, seconded by C. Wagner, to approve the budget adjustment request in the amount of \$2,300.00. **Motion carried.**

VIII. ANNUAL ELECTION OF OFFICERS

The following slate was recommended and nominated: President, Kathy Pletcher; Vice-President, Carla Buboltz; Secretary, Chris Wagner; and Financial Secretary, Chad Bianchi. Additional nominations were called for three times. There were no other nominations. **Motion** by J. Van Dyck, seconded by N. Jeske, to approve the following recommended slate: Kathy Pletcher as President; Carla Buboltz as Vice-President; Chris Wagner as Secretary; and Chad Bianchi as Financial Secretary. **Motion carried unanimously.**

IX. BUDGET No update.

X. PERSONNEL COMMITTEE The committee's next meeting is scheduled for April.

XI. NICOLET FEDERATED LIBRARY SYSTEM NFLS' strategic plan is being drafted with input from three other systems - Milwaukee, Waukesha and Winding Rivers - and using information from the COLAND report, WILs documents and the Division's Lean study. Each library will get one survey, exploring services provided, to complete and one consolidated report will be created from the responses received.

XII. PRESIDENT'S REPORT

a. **Board representation at mandated meetings** Ed & Rec (first Thursday). C. Bianchi will attend April 2 meeting. C. Buboltz will attend the May meeting.

XIII. SUCH OTHER MATTERS AS ARE AUTHORIZED BY LAW C. Buboltz reminded the board about the “Evening in Tuscany” fundraising event for the Wrightstown Branch Library on Saturday, March 14, 2015.

XIV. MEETING SUMMARY/NEXTMEETING PLANNING

XV. ADJOURNMENT

Motion by C. Wagner, seconded by N. Jeske, to adjourn the meeting. **Motion carried.**

The meeting adjourned at 7:30 p.m.

NEXT REGULAR MEETING
March 19, 2015
Central Library
515 Pine Street, downtown Green Bay
5:15 p.m.

Respectfully submitted,

Dr. Christopher Wagner, Library Board Secretary
Sue Lagerman, Recording Secretary

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, March 12, 2015 in in Board Room A of the Sophie Beaumont Building – 111 North Jefferson Street, Green Bay, WI

Present: Chairman Tom Lund
Bill Clancy, Paula Laundrie, Helen Smits, Susan Hyland, Carole Andrews

Excused: Craig Huxford, JoAnn Grashberger

Also

Present: Nancy Fennema, Interim Executive Director
Tim Schmitt, Finance Manager
Jordon Bruce, Interim Hospital & Nursing Home Administrator
Michelle Hermes, Director of Nursing-Hospital
Meghann Reetz-Norton, Nutritional Services Manager
Melanie Kirchman, Administrative Secretary
Various CTC staff members

1. Call Meeting to Order:

The meeting was called to order by Chairman Tom Lund at 5:15 pm.

2. Approve/Modify Agenda:

ANDREWS/SMITS moved to approve the agenda.
The motion was passed unanimously.

3. Approve Minutes of February 12, 2015 Human Services Board Meeting:

LAUNDRIE/HYLAND moved to approve the minutes dated February 12, 2015.
The motion was passed unanimously.

4. Acceptance of the Governing Body Responsibilities for the Nicolet Psychiatric Hospital:

Interim Director Fennema stated that the responsibilities were handed out at last month's meeting.

CLANCY/ANDREWS moved to accept the governing body responsibilities.
The motion was passed unanimously.

5. Selection of a QAPI (Quality Assurance Performance Improvement) Committee Member:

A Human Services Board member is needed to serve as a QAPI Committee member. The committee meets the 4th Wednesday of the month and will meet monthly through June, then will go quarterly.

LAUNDRIE/SMITS moved to name Carole Andrews as Board representative for the QAPI Committee.

The motion was passed unanimously.

6. Executive Director's Report:

Interim Director Fennema presented and handed a written report to the board (attached).

Fennema stated that Roberta Morschauser is no longer employed with Brown County. Jordon Bruce will be the Nursing Home Administrator responsible for the Community Treatment Center through a contract with Aparia consulting until the position is filled. Bruce introduced himself and gave his background.

Michelle Hermes, Director of Nursing-Hospital, presented a written hospital report to the board (attached).

ANDREWS/LAUNDRIE moved to receive and place on file.
Motion was carried unanimously.

7. Financial Report:

Finance Manager Tim Schmitt had submitted a written report with the board packet agenda.

Q: Citizen Board Member Andrews asked if we feel there is a need for the new psychiatric hospital that has been in the news.

A: Schmitt stated that his opinion is best summarized by the Bellin Health response in that the psychiatrist capacity in this area is limited.

Q: County Board Member Clancy asked if it would be proper for the board to pass a motion stating that this new psychiatric hospital is not needed as our county entity isn't being utilized fully and Bellin is at 25%.

A: Lund stated we would need to talk to Corporation Counsel before doing that and would need to ensure we have factual information.

HYLAND/ANDREWS moved to receive and place on file.
Motion was carried unanimously.

8. Statistical Reports:

Please refer to the packet which includes this information.

9. Approval for New Non-Continuous Vendor:

Please refer to the packet which includes this information.

10. Request for New Vendor Contract:

Please refer to the packet which includes this information.

11. Other Matters:

Next Meeting: Thursday, April 9, 2015
5:15 p.m. – Sophie Beaumont Building, Board Room A

12. Adjourn Business Meeting:

ANDREWS/LAUNDRIE moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 5:38 p.m.

Respectfully Submitted,

Kara Navin
Office Manager/Recording Secretary



Interim Executive Director's Report to the Human Services Board - March 2015

Nicolet Psychiatric Hospital has taken the majority of my time the past few weeks. I have been working with staff to implement the changes required per our recent State Survey and following Plan of Correction. We contracted with Apara, out of Madison, to provide us with consultation in writing the Plan of Correction and oversee the implementation of changes.

In regards to Family Care the ADRC has begun enrollment counseling as the first step in the transition process. Within the Department a number of our employees have been hired by the Managed Care Organizations. We will work with them to develop a transition schedule so we can retain our employees as close to roll over as possible. Roll over is the date that we discontinue the provision services and the Managed Care organization or IRIS begin.

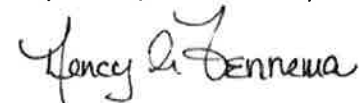
Lisa Peters our Project Manager for the Avatar Project is in the process of evaluating the project to determine what has been done and what needs to be done. She is doing an excellent job working with Netsmart and our employees to keep the project on track. However, I anticipate a revision in the original target date.

Children Youth and Families have had a spectacular start to the New Year. 2015 has brought new leadership in Juvenile Justice, Dannel Skalecki, to assist with the modernization of case management in this area. Dannel is insightful and brings energy to the hard working JJ team. CABHU is currently running their first group therapy session for adolescent females. Currently 6 Brown County teen girls are engaged in trauma informed therapy led by Dr. Noukki. Shelter Care continues to serve Brown and surrounding counties with emergent and high risk short term placement for youth. Supervisors VandenHoogen and Schmeling have initiated a tri-county consortium to address the special needs of Shelter Care Facilities. Child Protective Services (CPS) is down 30 referrals from this date last year. CPS is in active roll out of the Community Response Program. Jenna Kerin is our lead case management facilitator for initiation of the CR model introduction to the community.

The other important change will be in the responsibilities of the Human Services Board who will assume the governing responsibility of the Nicolet Psychiatric Hospital. I sincerely appreciate the openness of the board members in considering these changes.

I want to thank Brown County for the opportunity to work as the Interim Director and look forward to the opportunities our new Director will bring.

Respectfully Submitted By:



Nancy Fennema

Interim Executive Director

NPC Monthly Report

1. **Patient Care Issues-** There has not been any concerns identified.
2. **Contracted Services Issues-** Working closely with Streus regarding contingency counting and medication verification process. Continuing to progress towards purchase of Omnicell (automated dispensing machine). Contract with Streus needs approval after proposed changes.
3. **Summary of patient complaints-** There have been 3 for the year thus far. Process for investigating complaints will be revised to include a meeting being held with the SS Manager, DON and Administrator to discuss the finding and ensure the team agrees upon the resolution. Then the letter can be signed by the Administrator and mailed to the client. These complaints then must be tracked and trended through the QAPI committee.
4. **Federal/State Regulatory Concerns-** The team continues to work diligently to initiate changes per plan of correction. The state came in on 3/9/15 to complete our verification visit. The state did clear us, with no further citations issues. Areas the state said we need to continue working on are DC planning, treatment planning and the group documentation. The state felt we had an acceptable plan in place, we need to continue auditing and working on process improvement. Will begin working on the plan of correction for the Federal Survey.
5. **Approval of Medical Staff appointments-** Nothing to report at this time.
6. **Other Business-** Nothing to report at this time.

Prepared by Michelle Hermes RN, BSN, DON

BYLAWS OF THE MEDICAL STAFF OF BROWN COUNTY COMMUNITY TREATMENT CENTER

PREAMBLE

Whereas, Brown County Community Treatment Center is a county-operated facility in the State of Wisconsin, County of Brown; and

Whereas, its purpose is to serve as a psychiatric hospital providing patient care and education; and

Whereas, it is recognized that the Medical Staff is responsible for the quality of medical care in the Hospital, and must accept and discharge this responsibility, and that the cooperative efforts of the Medical Staff, the facility's administrative officers, and the Governing Body are necessary to fulfill the Hospital's obligations to its patients;

Therefore, the professional staff practicing in this Hospital hereby organize themselves in conformity with the bylaws and medical staff policies hereinafter stated.

These Bylaws are adopted for the purpose of governing the actions, recommendations, and functions of the Professional Staff of Brown County Community Treatment Center. These Bylaws are not intended to be, nor shall anything herein be, interpreted in such a way as to be a delegation by the Governing Body to any person or group, including the Professional Staff, of the exclusive ultimate authority of the governing body to operate this Hospital, including appointments of professional staff.

DEFINITIONS

1. **MEDICAL STAFF**: Means all physicians holding appropriate licenses, who have been granted privileges to attend patients in the Hospital and who are eligible to vote on medical staff matters.
2. **GOVERNING BODY**: Human Services Board.
3. **HUMAN SERVICES DIRECTOR**: Refers to the individual who administers the Department of Human Services in accordance with Wisconsin Statutes 51.42 (6m) and County Code and is responsible for the overall management of the Brown County Community Treatment Center, Brown County Health Care Center and related programs.
4. **CLINICAL DIRECTOR**: Refers to the psychiatrist appointed by the Governing Body to manage the affairs of the Medical Staff.
5. **MEDICAL DIRECTOR**: Refers to the individual appointed to coordinate and manage all medical services to clients and employees in the Nursing Home and as directed by the Clinical Director provide medical care to patients in the psychiatric hospital.

6. HOSPITAL AND NURSING HOME ADMINISTRATOR: Refers to the individual appointed to manage the overall operations of the Hospital component of the Center.
7. EXECUTIVE COMMITTEE: Means the members of the Active Medical Staff, members of the Courtesy Medical Staff, a representative from the Governing Body and liaison (non-voting) representatives from administration.
8. PRACTITIONER: Means a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) legally licensed to practice medicine and surgery in the State of Wisconsin.
9. ALLIED HEALTH PROFESSIONAL: Means individuals other than licensed physicians who are qualified and licensed to render direct medical care under the supervision of a practitioner who have clinical privileges in this Hospital, and who are capable of effectively communicating with patients, the Medical Staff, and Hospital personnel. Other health professions not listed here who are not subject to the Medical Staff privileges delineation process shall be reviewed by the Governing Body for competence.
10. CLINICAL PRIVILEGES: Means the permission granted to a practitioner or Allied Health Professional by the Medical Staff to render specific diagnostic, therapeutic, or medical services.
11. MEDICAL STAFF YEAR: Means the period from January 1 through December 31.
12. HOSPITAL: Brown County Community Treatment Center Psychiatric Inpatient Program (Nicolet Psychiatric Center).

ARTICLE I: NAME

The name of this organization shall be the Medical Staff of Brown County Community Treatment Center, Green Bay, Wisconsin.

ARTICLE II: PURPOSES AND RESPONSIBILITIES

Section 1. The purposes of the organization are:

- A. To ensure that all patients admitted to or treated in any of the facilities, departments, or services of the Hospital shall receive the level of care which meets or exceeds community standards for specialized psychiatric and AODA services.
- B. To ensure a high level of professional performance of all practitioners authorized to practice in the Hospital through the appropriate delineation of clinical privileges that each practitioner may exercise in the Hospital and through an ongoing review and evaluation of each practitioner's performance in the Hospital.
- C. To initiate and maintain rules and regulations for self-government of the Medical Staff;

- D. To provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the liaison Administrative Staff, and, when indicated, directly with the governing body.

Section 2. Responsibilities:

The Medical Staff or its Executive Committee shall:

- A. Ensure the quality and appropriateness of patient care rendered by all practitioners authorized to practice in the Hospital through the following measures:
 - 1. A credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised or of specified services to be performed with the verified credentials and current demonstrated performance of the applicant or staff member;
 - 2. A continuing medical education program based at least in part on the needs demonstrated through the patient care audit, and other quality maintenance programs. This medical education program recognizes program participation from this hospital as well as community hospitals, and requires completion of continuing medical education units at a level consistent with that required by the State of Wisconsin Medical Examining Board;
 - 3. A concurrent utilization review program to monitor inpatient, outpatient, medical, psychiatric, and health services based upon community standards of care;
 - 4. An organizational structure that allows continuous monitoring of patient care practices, including but not limited to, infection control, drug utilization evaluation, medical record review, safety/risk management;
 - 5. Quality assessment and improvement program encompassing principles of continuous quality improvement, retrospective and concurrent review and evaluation of the quality of patient care through a systematic and ongoing patient care evaluation program; and,
- B. Recommend to the governing body with respect to appointments, reappointments, staff category, clinical privileges, and corrective action;
- C. Account to the Governing Body for the quality and efficiency of medical care rendered to patients in the Hospital;
- D. Initiate and pursue corrective actions with respect to practitioners, when warranted;
- E. Develop, revise as needed, administer, and seek compliance with these Bylaws, the rules and regulations of the Medical Staff, and other medical-care related current Hospital policies;

- F. Assist in identifying community health needs, and in setting appropriate institutional goals in implementing programs to meet those needs;
- G. Exercise the authority granted by these Bylaws as necessary to adequately fulfill the foregoing responsibilities;
- H. Be actively involved in the accreditation process; this shall include participation in the Hospital survey.

ARTICLE III: MEDICAL STAFF MEMBERSHIP

Section 1 - Nature of the Medical Staff Membership:

- A. Membership on the Medical Staff of Brown County Community Treatment Center is a privilege which shall be extended only to professionally competent practitioners that are employed or have a contractual agreement who continually meet the qualifications, standards, and requirements set forth in these Bylaws.
- B. Appointments to and membership on the Medical Staff shall confer on the appointee or member only such clinical privileges and prerogatives as have been granted in accordance with these Bylaws. No practitioner shall admit or provide services to patients in the Hospital unless he/she is a member of the Medical Staff, or has been granted temporary privileges in accordance with the procedures set forth in Article VII.

Section 2 - Qualifications for Membership:

- A. Basic Qualifications:
 - I. Only physicians licensed to practice in the State of Wisconsin who can document their background, experience, training, and demonstrated competence and judgment, their adherence to the ethics of their profession, their good reputation and character, good physical and mental health, current, valid professional liability insurance coverage in amounts satisfactory to the hospital, and their ability to work with others, with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated by them will be getting a high quality of medical care, shall qualify for membership on the Medical Staff. No physician shall be entitled to membership on the Medical Staff, or to the exercise of particular clinical privileges in the Hospital, merely by virtue of the fact that he/she is duly licensed to practice medicine in this or in any other state, or that he/she is a member of any professional organization, is certified by any clinical examining board, or that he/she had in the past, or presently has, such privileges at another hospital.
- B. Ethics: Acceptance of the membership on the Medical Staff shall constitute the staff member's agreement that he/she will strictly abide by the Principles of Medical Ethics of the American Medical Association.

- C. No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, or physical disability.

Section 3 - Basic Responsibilities:

- A. Provide his/her patients with care at the generally recognized professional level of quality and efficiency within reasonably accepted community standards of care;
- B. Abide by the current Medical Staff Bylaws and by other lawful standards, current policies, and rules of the Hospital;
- C. Discharge such staff, department, committee, and Hospital functions as he/she is responsible for, by appointment, election, or otherwise;
- D. Prepare and complete in timely fashion the medical record and other required records for all patients he/she admits, or in any way provides care to in the Hospital;
- E. Abide by the ethical principles of his/her profession;
- F. Participation in hospital peer review and quality assessment and improvement activities; and,
- G. To serve on hospital committees as assigned by the Clinical Director.

Section 4 - Conditions and Duration of Appointment:

- A. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws; provided that in the event of unwarranted delay on the part of the Medical Staff (more than one hundred days from its receipt of a fully-completed application), the Governing Body may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications, obtained from reliable sources other than the Medical Staff.
- B. Initial appointments to the Medical Staff of Brown County Community Treatment Center shall be for a period extending for one year. Reappointments shall be for a period of not more than two Medical Staff years.
- C. Appointments to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Governing Body in accordance with Medical Staff recommendations, and in accordance with these Bylaws.

- D. Every application for staff appointment shall be signed by the applicant, and shall contain the applicant's specific acknowledgment of every Medical Staff member's obligations to provide continuous care and supervision of his/her patients, to abide by the Medical Staff Bylaws, Rules and Regulations to accept committee assignments, to accept consultation assignments, and, when necessary, to participate in staffing units.
- E. A system will be in place that reports to the appropriate agency as directed by the Health Care Quality Improvement Act, those adverse actions or reinstatements approved by the governing body that reduce, restrict, suspend, revoke, or deny clinical privileges to a physician or dentist for a period of 30 days or longer.

Section 5 - Provisional Status Appointment:

- A. All initial appointments to the Medical Staff shall be provisional for one full year. Reappointments to the provisional membership may not exceed one full year, at which time the failure to advance an appointee from provisional to regular Medical Staff status shall be deemed a termination of his/her staff appointment. A provisional appointee whose membership is so terminated shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed.
- B. Provisional staff members shall be assigned to a department/unit where their performance shall be observed by the Clinical Director or his/her representative, to determine the eligibility of such provisional members for regular staff membership, and for exercising the clinical privileges provisionally granted to them. At the end of each provisional appointment (one year), a written report by the Clinical Director or his/her representative, shall be made to the Medical Staff and the Governing Body. The report must indicate that the appointee has or has not demonstrated his/her ability to exercise clinical privileges granted to him/her.

ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF

Section 1 - Medical Staff:

The Medical Staff shall be divided into three categories: Active, Courtesy/On-call Consultative, and Honorary.

Section 2 - Active Medical Staff:

The Active Medical Staff shall consist of regular physicians and provisional status who treat patients admitted on a voluntary or committal status, are employed or contracted at least eight (8) hours a week by Brown County Community Treatment Center and who assume all the functions and responsibilities of membership on the Active Medical Staff, including, where appropriate, consultation and unit assignments. Members of the Active Medical Staff shall be appointed to a specific service, shall be eligible to vote, shall serve on Medical Staff committees, and shall be required to attend at least 50 percent of all meetings of the Medical Staff.

Section 3 - Courtesy/On-call Medical Staff:

The Courtesy Medical Staff shall consist of physicians qualified for staff membership, but who are employed or contracted as consultants, provide on-call coverage, or perform specific referral services such as adolescent/ child history and physicals. They must either participate in the educational activities of this Medical Staff, or hold active or associative membership on the Medical Staff of some other hospital. Courtesy Medical Staff shall be eligible to admit and/or attend clients if specified in individual delineated privileges, vote, and serve on Medical Staff committees. Medical Staff meeting attendance is elective and attendance is encouraged.

Section 4 - Consultative Medical Staff:

Consultative Practitioners:

Consultative Practitioners shall consist of practitioners in the medical community who are otherwise qualified for membership of the Medical Staff and are requested by a member of the Brown County Community Treatment Center Medical Staff to provide on-site consultation for a specific client. Consultative Practitioners may be used through telehealth in the outpatient clinic. Permission to provide the requested consultative evaluation may be granted by the Hospital and Nursing Home Administrator or Clinical Director. Any recommendation made by the consulting practitioner must be verified and approved by the attending physician before implementation.

ARTICLE V: ALLIED HEALTH PROFESSIONAL PERSONNEL

Section 1 - Definition:

Allied Health Professionals (AHP) shall consist of the following categories of professionals: dentists, nurse practitioners, psychologists, dental hygienists, and podiatrists.

Section 2 - Qualifications:

Only allied health professional personnel (AHP) holding a license, certificate, or other legal credential as required by State law, who:

- A. Document their experience, background, training, demonstrated ability, physical health and mental health status upon request of the Medical Staff with sufficient adequacy to demonstrate that any patient treated by them will receive care of the professional level of quality and efficiency generally recognized as acceptable; and
- B. Are determined, on the basis of documented reference, to adhere strictly to the ethics of their respective professions as applicable, and to work cooperatively with others; shall be eligible to provide specified services in the Hospital. Where appropriate, the Medical Staff may establish particular qualifications required of members of a specific category of AHP's, provided that such qualifications are not founded on an arbitrary or discriminatory basis, and are in conformance with applicable law.

Section 3 - Procedure for Review Specification of Services:

An application to perform allied health services shall be submitted on a form provided by the Hospital. The authority for individuals to perform specified patient care services must be processed through the credentialing/privileging function, delineating their qualifications, status, clinical duties and responsibilities. Applicants shall be evaluated by the Medical Staff, which shall recommend the scope of practice which the applicant shall be permitted to exercise in the Hospital.

Section 4 - Conditions of Participation:

- A. AHP's shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff, and may only engage in acts within the scope of practice specifically approved for them by the Medical Staff, and the Governing Body.
- B. Appointments as AHP's shall not be covered by the provisions for appeal in Articles VI, VII, VIII, and IX of the Medical Staff Bylaws. However, the applicant for appointment as an AHP shall have the right to appear personally before the Medical Staff to discuss the clinical privileges recommended by that Committee.
- C. Initial appointment shall be for a period of one year. Thereafter, AHP's shall apply for reappointment as outlined in Article VI, Section 3, A - G.
- D. Quality Assessment and Improvement auditing shall be done as a means of evaluating performance and competence. Alternatively, at the discretion of the Clinical Director, a performance evaluation related to a job description may be used as a means of evaluation.

Section 5 - Allied Health Professional Prerogatives:

- A. Provide specified patient care services under the supervision or direction of a physician member of the Medical Staff.
- B. Following protocols to the extent established by the Medical Staff, but not beyond the scope of the AHP's license, certificate, or other legal credentials.
- C. Nurse Practitioners and Physician's Assistants may perform diagnostic and therapeutic procedures within the scope of his/her privileges with the consent of the client and the attending physician. He/She may write orders for diagnostic procedures, therapeutic procedures, and medications only if such orders are counter signed by the attending physician.
- D. Attend without voting privileges meetings of the staff and department to which he/she is assigned, and hospital education programs.
- E. Psychologist can perform diagnostic and therapeutic procedures including the initial clinical evaluation, treatment staffings and discharge summaries. He/She may write orders for diagnostic and therapeutic procedures only if such orders are countersigned by a physician.

Section 6 - Responsibilities:

- A. Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient of the Hospital for whom he/she is providing services, or arrange a suitable alternative for such care and supervision;
- B. Participate as appropriate in the quality assessment/risk management activities, supervising initial appointees of his/her same profession during the training period, and other staff functions that may be required from time to time.

ARTICLE VI: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1 - Application for Appointment:

- A. All applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant, and shall be submitted on a form prescribed by the Medical Staff. The application shall require detailed information concerning the applicant's professional qualifications, shall include the receipt of names of at least two persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's professional competence and ethical character, and shall include information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced, or not renewed by any other hospital or institution, and as to whether his/her membership in local, state, or national medical societies, or his/her license to practice any profession in any jurisdiction, has ever been suspended, terminated, or has any currently pending challenges, and as to whether his/her narcotics license has ever been limited, suspended, revoked, or has any currently pending challenges, and as to his physical and mental condition, and as to his/her malpractice history, and shall convey his/her consent to release of information by his/her past and present malpractice insurance carrier(s).
- B. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.
 - 1. If additional information is required of the applicant, the Clinical Director/designee shall request it in writing. Failure of the applicant to provide such information within 30 days of the request shall constitute grounds for denial of appointment, unless an extension is granted by the Clinical Director.
- C. The completed application, including the delineation of requested clinical privileges shall be submitted to the Hospital and Nursing Home Administrator or designee, who, after collecting the references and other materials deemed pertinent, shall provide the application and all supporting materials to the Clinical Director and Medical Staff for evaluation.

- D. The delineation of clinical privileges for active and courtesy members of the Brown County Community Treatment Center Medical Staff shall be defined in a clear, comprehensive manner in accordance with these Bylaws (Article VII, Section 2).
- E. By applying for appointment to the Medical Staff, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application, authorizes the Hospital to query the National Practitioner Data Bank for adverse action reports and malpractice reports, to consult with members of the medical staffs of other hospitals to which the applicant has been associated, and with others who may have information bearing on his/her competence, character, and ethical qualifications, consents to the Hospital's inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests, as well as his/her moral and ethical qualifications for staff membership, releases from any liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials, and releases from any liability all individuals and organizations who provide information to the Hospital in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- F. The application shall include the following statements:
- * an agreement to having received, read, and abide by the Hospital Medical Staff bylaws and by such rules and regulations as that may from time to time be enacted,
 - * a pledge not to receive or pay another physician directly/indirectly any fee from professional services,
 - * an agreement that any significant misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from staff,
 - * an affirmation that information provided is true,
 - * that applicant is familiar with the laws of the State of Wisconsin governing the practice of his/her specialty and will abide by these laws,
 - * as applicant, she/he accepts the burden for producing sufficient information for proper evaluation of qualifications and for resolving any doubts about such qualifications.
- G. By applying for appointment to the Medical Staff, each applicant thereby agrees to subject his/her clinical performance to, and participate in, the Hospital's quality assessment and improvement/risk management/safety program as the same shall, from time to time, be in effect in accordance with the requirements of the responsible peer review organization, and other external regulatory agencies. Additionally, each applicant agrees to hold members of the Medical Staff and other authorized representatives of the Hospital engaged in these quality

assessment or utilization review activities free from all liability for their actions performed in good faith in connection with these activities.

- H. Each practitioner applying for appointment to the Medical Staff shall maintain professional liability insurance in not less than the minimum amounts as from time to time may be determined by the Governing Body or provide other proof of financial responsibility, in such manners as the above Governing Body may find acceptable. The Governing Body may, for good cause shown by a practitioner, waive this requirement with regard to such practitioner, provided that any such waiver is not granted or withheld on an arbitrary, discriminatory, or capricious basis. This minimum amount of required coverage established pursuant to this provision shall equal the amount of professional liability insurance carried by the Hospital.

Section 2 - Appointment Process:

- A. All applications for appointment shall be sent to the Hospital and Nursing Home Administrator, who will refer them to the Administrative Secretary for processing. When the processing is complete, the application and related materials shall be returned to the Hospital and Nursing Home Administrator for review for appropriateness to services provided by the Community Treatment Center. If appropriate, the application and related materials will be forwarded to the Clinical Director within ten days.
- B. The Clinical Director shall review the application and related materials for determination of the character, professional competence, qualifications and ethical standing of the practitioner, and shall determine through information contained in references given by the practitioner and from other data sources available, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and clinical privileges requested by him/her. The Clinical Director will make a recommendation regarding appointment and privileging, and the application and related materials will be referred to the Medical Staff within 60 days.
- C. At the next regular Medical Staff meeting after referral from the Clinical Director, the Medical Staff shall review the application and related materials and shall make a recommendation that the practitioner be either provisionally appointed to the Medical Staff, or rejected for Medical Staff membership, or that the application is deferred for further consideration or investigation. All recommendations for appointment shall include the clinical privileges to be granted, which may be modified by probationary conditions relating to such clinical privileges.

- D. When the recommendation of the Medical Staff is to defer the application for further consideration, it must be followed up within 30 days with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for Medical Staff membership.
- E. When the recommendation of the Medical Staff is favorable to the practitioner, the Governing Body shall act on the recommendation within 30 days.
- F. If the decision is adverse to the practitioner, at any level, the adverse decision will be sent to the Clinical Director, and by certified mail, return receipt requested, to the practitioner. The practitioner may request recourse to the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2), by submitting a written request within 10 days.

Section 3 - Reappointment Process:

- A. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon the following: licensure, physical and mental health status, professional liability coverage, satisfactory clinical performance, adherence to Medical Staff Bylaws, rules and regulations, quality assessment and improvement data, drug usage evaluation results, risk management data, volume indicators, peer recommendations, continuing medical education, current competence, and adverse incidents, including any past or currently pending challenges to license or DEA registration, and circumstances and judgments related to any pending or settled liability actions.
- B. The reappointment application shall be sent to the appointee by the Hospital and Nursing Home Administrator at least 60 days prior the expiration of the appointees' current term. Each current appointee desiring reappointment is responsible for completing the reappointment forms approved by the Governing Body. Failure to return the forms within 30 days of receipt shall be considered a voluntary resignation from the Medical Staff.
- C. After the reappointment forms have been returned and processed by the Hospital and Nursing Home Administrator, this material will be combined with other information and data gathered from quality assessment and improvement reports, external sources such as National Practitioner Data Bank, medical records data, complaints, drug utilization reports, and will be sent to the Clinical Director for review.
- D. Prior to the next scheduled Medical Staff meeting, the Clinical Director shall review all pertinent information available, including solicited comments from members of the Medical Staff, for the purpose of determining their recommendations for reappointment to the Medical Staff, and for granting of clinical privileges for the ensuing period. Evidence of appraisal by the Clinical Director shall be provided to the Medical Staff with recommendations for reappointment or when a change in clinical privileges is recommended.

- E. At the next Medical Staff meeting, the Clinical Director or designee presents his/her recommendations to the Medical Staff concerning the reappointment and clinical privileges of the appointee scheduled for periodic appraisal. When non-reappointment or a change in clinical privileges for a period longer than 30 days is recommended, the reasons for such recommendations shall be stated and documented. The Medical Staff will consider these recommendations and will reach its conclusions as to the reappointment and privilege delineation and will forward its determination to the Hospital and Nursing Home Administrator who in turn submits it to the Governing Body for approval.
- F. If an application for reappointment is filed and the Governing Body does not have time to act on it prior to the expiration of the appointee's current appointment, the appointee's current appointment and clinical privileges shall continue in effect until such time as the Governing Body acts on the reappointment application.
- G. The Governing Body shall review the material and the recommendations of the Clinical Director and Medical Staff and shall render a decision regarding reappointment and delineation of clinical privileges.
- H. If the decision is adverse to the practitioner, at any level, the notice of the adverse decision will be sent to the Clinical Director, and by certified mail, return receipt requested to the practitioner. The practitioner may request recourse to the Fair Hearing Appeal process described in these Bylaws (Article IX, Section 2) by submitting a written request within 10 days.
- I. If the decision is not appealed or if it is upheld after appeal, the adverse action shall be reported to appropriate regulatory agencies, state and federal as required by current laws.

ARTICLE VII: DETERMINATION OF CLINICAL PRIVILEGES

Section 1 - Exercise of Privileges:

Every practitioner providing direct clinical services at this Hospital by virtue of his/her Medical Staff membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Governing Body, except as provided in Sections 2, 3, and 4 of this Article VII, which cover temporary and emergency privileges.

Section 2 - Delineation of Privileges:

- A. Initial Request - Every initial application for staff appointment/ reappointment must contain a request for the specific clinical privileges desired by the applicant.
- B. Basis for Privileges Determination - The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated competence, references, mental and physical health status, data bank, and other relevant information including an appraisal by the Clinical Director. Privileges delineation shall relate specifically to each physician's practice in his/her practice setting as it relates to the Brown County Community Treatment Center. The

applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges so requested. The privileges recommended and granted must be precisely delineated. Terms such as "family practice", "internal medicine", and "general psychiatry" will not suffice. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of clinical performance, review of the records of patients treated in this or other hospitals, and documented results of the patient care audit and other quality assurance/risk management activities required by these Bylaws.

These clinical privileges were defined by the Brown County Community Treatment Center Medical Staff as standard, usual, and customary procedures appropriate to the diagnosis and treatment of diseases encompassed by a given specialty and limited to the available resources at the Brown County Community Treatment Center. Procedures requiring additional training or techniques not normally included in the customary training of that specialty must be specifically delineated at the time of application. However, in emergency situations, the physician may be allowed to perform any special procedures demanded by that emergency, even though not regarded as part of his/her routine clinical privileges.

- C. Modification of Privileges - Application for additional clinical privileges must be in writing, on the prescribed form, and on which the type of clinical privileges desired and the applicant's relevant recent training and/or experience must be stated. Such requests will be processed in the same manner as requests for initial privilege delineation.

Section 3 - Temporary Privileges:

- A. Upon receipt of an application for Medical Staff membership from an appropriately licensed practitioner, the Governing Body may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the written concurrence of the Clinical Director, grant temporary admitting and specifically delineated clinical privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Clinical Director. Temporary privileges may be so granted for a period not to exceed 90 days, with subsequent renewal, if necessary, not to exceed the pendency of the application.
- B. Temporary clinical privileges may be granted by the Governing Body for the care of a specific patient to a practitioner who is not an applicant for membership in the same manner and upon the same conditions as set forth in subparagraph (A) of this Section 3, provided that there shall first be obtained from the practitioner a signed acknowledgment that he/she agrees to be bound by the terms of the Medical Staff Bylaws, Rules and Regulations, and all matters relating to his/her temporary clinical privileges. Such temporary privileges shall be restricted to the treatment of not more than two patients in any one year by any practitioner, after which such practitioner shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients. Furthermore, the practitioner must have in force documented malpractice insurance in an amount acceptable to the hospital.

- C. The Governing Body may permit a physician serving as locum tenens for a member of the Medical Staff to attend patients without applying for membership on the Medical Staff for an initial period of 60 days, providing all of his/her credentials have first been approved by the Clinical Director. Temporary clinical privileges would be granted by the Inpatient Services Director in the same manner and under the same conditions as set forth in subparagraph A of this Article. Such privileges may be renewed for two more periods during a year's time.
- D. Special requirements of supervision and reporting may be imposed by the Clinical Director on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Inpatient Services Director and the Clinical Director upon notice of any failure by the practitioner to comply with such special conditions.
- E. The Governing Body may at any time, upon the recommendation of the Clinical Director, terminate a practitioner's temporary privileges, based upon questions of ethics, competence, character, or quality of care. The Clinical Director, or in his/her absence, the Associate Clinical Director, shall assign a member of the Medical Staff to assume responsibility for the care of such terminated practitioner's patients. The wishes of the patients shall be considered, where feasible, in selection of such substitute practitioner. Any affected practitioner may have recourse to the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2), but shall remain suspended during the course of the appeal.

Section 4 - Emergency Privileges:

In any emergency, any member of the Medical Staff, to the degree permitted by his license and regardless of privileges, department, service, or Medical Staff status or lack of it, shall be permitted and assisted to use every facility of the hospital and to do everything possible to treat the client. For the purpose of this section, an emergency is defined as a condition in which immediate treatment is necessary to prevent serious permanent harm to a client, to preserve the life of a client, or to prevent serious deterioration or aggravation of a client's condition.

ARTICLE VIII: CORRECTIVE ACTION/SUMMARY SUSPENSION

Section I - Procedure:

- A. Whenever the activities or professional conduct of any practitioner with clinical privileges are considered to be lower than the standards or aims of the Medical Staff, or to be disruptive to the operations of the Hospital, corrective action against such practitioner may be requested by a member of the Medical Staff, a member of the Hospital Administration, or by the Governing Body. All requests for corrective action shall be in writing, shall be made to the Clinical Director, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request.

- B. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Clinical Director shall immediately investigate the matter. The Clinical Director shall have authority to summarily suspend or limit the practitioner's privileges. This decision may remain in effect throughout the period of the investigation, and subsequent appeal, if any, as determined by the Clinical Director, and would be based upon the need to protect the life of any patient(s) or to reduce the substantial likelihood of immediate injury or damage to the mental or physical health or safety or well-being of any patient, employee, or other person. The Clinical Director shall have the authority to provide for alternative medical coverage for the patients of the suspended practitioner at the time of the suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner, whenever possible.
- C. Within ten days after the Clinical Director's receipt of the request for corrective action, he/she shall make a report of his/her investigation. Prior to the making of such report, the practitioner against whom corrective action has been requested shall have an opportunity for an interview with the Clinical Director. At such interview, he/she shall be informed of the general nature of the charges against him/her, and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the Clinical Director and included with his/her report.
- D. Within ten days following the receipt of the investigation report for the requested corrective action involving reduction or suspension of clinical privileges the Clinical Director shall present his report to the Executive Committee. The Executive Committee will review the report, interview the complainant and the affected practitioner, and shall make its conclusions and recommendations.
- E. The action of the Executive Committee on a request for corrective action may be to: reject or modify the request for correction action; issue a warning, letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; recommend reduction, suspension, or revocation of clinical privileges; recommend that an already imposed summary suspension of clinical privileges be terminated, modified, or sustained; or recommend that the practitioner's staff membership be suspended or revoked. The practitioner will be notified in writing of the recommendations of the Executive Committee by the Clinical Director.
- F. Any adverse recommendation for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff, shall entitle the affected practitioner to the procedural rights provided in the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2).

- G. After the Fair Hearing Appeal Process has concluded or waived, the Clinical Director shall promptly notify the Hospital and Nursing Home Administrator and the Human Services Director in writing of all requests for corrective action by the Executive Committee, and shall continue to keep the Hospital and Nursing Home Administrator and Human Services Director fully informed of all action taken in connection therewith. The Governing Body will then render a decision based upon the information and recommendation of the Executive Committee and the appeals process. Such decision shall be final and binding.

Section 2 - Termination of Practitioner for Non-Clinical Reason:

- A. Termination of employment or of contract status of a practitioner for grounds unrelated to his/her professional, clinical capability, and his/her exercise of clinical privileges, may be accomplished in accordance with the usual personnel policies of the Hospital or the terms of such practitioner's contractual agreement, if applicable. To the extent that the grounds for removal include matters relating to competence in performing professional clinical tasks, or in exercising clinical privileges, resolution of the practitioner's Medical Staff privileges shall be in accordance with Section 1 of this Article.

Section 3 - Automatic Suspension:

- A. A temporary suspension in the form of withdrawal of a practitioner's admitting privileges, effective until medical records are completed, shall be imposed immediately after warning of delinquency for failure to complete medical records as specified in the current Medical Staff Rules and Regulations. The Clinical Director shall have the option of assigning the practitioner to the Health Information Management or making other arrangements for the purpose of completing records, when applicable.
- B. A practitioner whose Federal and/or State license to prescribe narcotics and dangerous drugs are revoked or suspended or modified shall immediately be divested of his/her right to prescribe medications or shall meet the modifications covered by such license. As soon as possible after such immediate suspension, the Executive Committee shall convene to review and consider the facts under which the license was revoked or suspended. The Executive Committee may then recommend further corrective action as is appropriate to the facts disclosed in its investigation. The Governing Body will then consider the Executive Committee's recommendation and render a final decision.
- C. A temporary suspension occurs whenever a practitioner fails to maintain his/her malpractice insurance and it lapses or his/her medical license.
- D. It shall be the duty of the Clinical Director to cooperate with the Hospital and Nursing Home Administrator and the Governing Body in enforcing automatic suspensions.

ARTICLE IX: FAIR HEARING APPEALS PROCESS

Section 1 - Right to Access to Fair Hearing Appeals Process:

- A. When any practitioner receives notice of a recommendation of the Medical Staff or Executive Committee that, if ratified by decision of the Governing Body, will adversely affect his/her reappointment to or status as a member of the Medical Staff, or his/her exercise of clinical privileges, such as:

- denial of reappointment
- suspension of staff membership
- revocation of staff membership
- denial of requested advancement in staff category
- reduction in staff category
- denial of requested clinical privileges
- reduction in clinical privileges
- suspension of clinical privileges
- revocation of clinical privileges

He/she shall be entitled to access to the Fair Hearing Appeals Process before a final decision is made by the Governing Body.

- B. All appeals shall be in accordance with the procedural safeguards set forth in this Article IX, to assure that the affected practitioner is accorded all rights to which he/she is entitled.

Section 2 - Process for a Fair Hearing Appeal:

- A. Any practitioner who receives notice of an adverse recommendation regarding medical appointment, clinical privileges, or professional conduct, will have ten days from receipt of notice to request in writing an appeal of that recommendation. Such request should be made to the Clinical Director. Failure to request an appeal within ten days shall terminate all rights to appeal.
- B. Within ten days of receipt of a request for appeal, the Clinical Director and the Governing Body shall select a three person appeal panel. This panel shall be compromised of three practitioners, either from within or outside the Medical Staff, but who were not previously involved in making the adverse recommendation.
- C. The Clinical Director and the affected practitioner shall jointly schedule a date, time, and place for the hearing. This hearing shall take place no later than 30 days from selection of the panel.

- D. The affected practitioner shall be entitled, if desired, to be accompanied and represented at the hearing by another practitioner. The affected practitioner is permitted to invite any witnesses having evidence or testimony pertinent to the situation. The Clinical Director shall represent the Medical Staff or the Executive Committee position. No attorneys shall be permitted at the hearing.
- E. The panel's decision shall be communicated in writing to the Governing Body within three days. The Governing Body shall consider the Medical Staff/Executive Committee's recommendations and the panel's decision, and will make a final and binding determination on the matter within seven days. This determination shall be communicated in writing to the practitioner and Clinical Director.

ARTICLE X: CLINICAL DIRECTOR

Section 1 - Appointment of Clinical Director:

The Governing Body appoints the Clinical Director who shall serve until resignation or replacement by the Governing Body.

Section 2 - Term of Officers:

Officers shall serve as appointed until the Governing Body reappoints another Clinical Director.

Section 3- Duties of Clinical Director:

- A. Clinical Director: The Clinical Director shall serve as the chief administrative officer and chairperson of the Medical Staff to:
 - 1. Act in coordination and cooperation with the Administrative Staff of the Hospital in all matters of mutual concern within the Hospital;
 - 2. Call, preside at, and be responsible for the agenda of all Medical Staff meetings;
 - 3. Be accountable to the governing body, through the executive sessions, for monitoring the quality and efficiency of clinical services and the effectiveness of quality assessment and improvement functions delegated to the Medical Staff;
 - 4. Serve as member of other Medical Staff committees as assigned;
 - 5. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with the procedural safeguards in all instances where corrective action has been requested against a practitioner;

6. Appoint committee members to all standing, special, and multi-disciplinary Medical Staff committees, and appoint Medical Staff members in conjunction with other administrative staff, to serve on the necessary committees of the Hospital;
7. Communicate and represent the views, policies, needs, and grievances of the Medical Staff to the governing body and to the Inpatient Services Director;
8. Receive and interpret the policies of the governing body to the Medical Staff, and ensure the effective function of methods for credentials review and for delineation of privileges and quality assurance activities.
9. Be responsible for the educational activities of the Medical Staff.
10. Be the spokesperson for the Medical Staff in its external professional and public relations.
11. Supervision of psychiatric residents.
12. To inform the Medical Staff members on the accreditation status of the Hospital. He/she shall see that the Medical Staff members are actively involved in the accreditation process; this shall include participation in the hospital survey, and particularly in the summation conference. He/she shall identify areas of suspected noncompliance, and inform the administrative officer in charge of the accreditation process, and take appropriate action.

ARTICLE XI: DUTIES OF MEDICAL STAFF AND EXECUTIVE COMMITTEE

Section 1: Medical Staff:

- A. Composition: All physicians holding appropriate licenses, who have been granted privileges to attend patients in the Hospital and who are eligible to vote on Medical Staff matters.
- B. Duties: The duties of the Medical Staff shall be:
 1. To coordinate the activities and general policies of the Hospital in relation to the Medical Staff;
 2. To receive and act upon reports and recommendations from special committees and officers of the Medical Staff and/or Hospital;
 3. To implement policies of the Medical Staff not otherwise the responsibility of any other aspect of the organization and to review such policies at least every three years;
 4. To provide liaison between its members and the Administrative Staff of the Hospital;

5. To recommend action to the Hospital and Nursing Home Administrator on matters of a medical/ administrative nature;
6. To make recommendations on hospital management matters to the Director of Nursing Hospital. Such recommendations shall be consistent with the mission and philosophy of the Hospital, and shall have particular emphasis on the Medical Staff component of the organization;
7. To fulfill its accountability to the governing body for the medical care rendered to patients in the Hospital;
8. To review credentials of all applicants and to make recommendations for staff membership, reassignments, delineation of clinical privileges. Such credentials will be reviewed upon the recommendation of the Clinical Director. Duties will be to:
 - a. Review, evaluate, and verify the character, qualifications, competence, and performance of each applicant for initial appointment, reappointment, or modification of appointment, and for clinical privileges, and make appropriate recommendations.
 - b. Make recommendations to the Governing Body on the qualifications of each applicant for staff membership and for particular clinical privileges.
 - c. In addition to verification of competence and performance, reappraisal parameters shall include: the individual's maintenance of timely, accurate, and complete medical records; his/her attendance at required staff meetings; his/her service on Medical Staff and Hospital committees when requested; his/her patterns of care, as demonstrated by Quality Assessment/Improvement Program; Clinical Director assessment; and his/her documented appropriate continuing medical education.
 - d. The Medical Staff will review and approve the methods for determining the profiles of clinical privileges developed by each discipline (psychiatry, internal medicine).
 - e. The Medical Staff shall have the authority to require the individual to submit any required evidence of his/her current health status.
9. To review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges, and as a result of such reviews, to make recommendations for reappointment and renewal, or changes in clinical privileges; and
10. To participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs.

Section 2: Executive Committee:

- A. Composition: The Executive Committee shall be a standing committee, and shall consist of the officers of the Medical Staff, members of the Active Medical Staff, invited members of the Courtesy Medical Staff, representative of the Governing Body and non-voting administrative representatives. The Clinical Director shall serve as Chair and the Inpatient Services Director shall serve as Vice-Chair.
- B. Duties: The duties of the Executive Committee shall be:
1. To consider and make recommendations regarding corrective action/summary suspension actions involving members of the Medical Staff;
 2. To administer the Medical Staff's Quality Assessment and Improvement program including peer review, drug utilization review, and clinical pertinence review; and
 3. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the invitation of and/or participation in Medical Staff corrective or review measures, when warranted.

ARTICLE XII: MEDICAL STAFF MEETINGS

Section 1: Regular Meetings:

Regular meetings of the Medical Staff will be held at least six times a year for the purpose of transacting such business as may come before the Medical Staff, and to provide an educational forum. The agenda of such meeting should include such reports of the review and evaluation of the work done in the clinical departments, and the performance of the required Medical Staff functions. All regular meetings shall be at such day and hour as the Clinical Director shall designate in the call and notice of the meeting.

Section 2: Special Meetings:

The Clinical Director may call a special meeting of the Medical Staff at any time. The Clinical Director shall call a special meeting within 15 days after receipt by him/her of a written request for same, signed by no less than one-fourth of the Active Staff, and stating the purpose for such meeting. The Clinical Director shall designate the time and place of any special meeting.

- A. Written or printed notice stating the place, day, and hour of any special meeting of the Medical Staff shall be delivered either personally or by mail to each member of the Medical Staff prior to the meeting. No business shall be transacted at any special meeting, except that stated in the notice calling the meeting.

Section 3: Quorum:

The presence of thirty-three percent of the total membership of the Active Medical Staff at any regular or special meeting shall constitute a quorum for purposes of amendment of these Bylaws, and for all other transactions.

Section 4: Attendance Requirements:

Each member of the Active Medical Staff shall be required to attend at least 50 percent of all regular Medical Staff meetings in each year. Unless excused by the Clinical Director, the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action. Reinstatement of staff members whose membership has been revoked because of absence from staff meetings shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.

Section 5: Agenda:

- A. Agenda: The agenda at any regular Medical Staff meeting shall be determined by the Clinical Director. Any staff member may request placing items of concern on the agenda.
- B. The agenda at special meetings shall be:
 - 1. Reading of the notice calling the meeting.
 - 2. Transaction of business for which the meeting was called.
 - 3. Adjournment.

ARTICLE XIII: EXECUTIVE COMMITTEE MEETINGS

Section 1: Regular Meetings:

The Executive Committee meetings shall be held six times per year, immediately following the conclusion of the Medical Staff meetings.

Section 2: Special Meetings:

A special meeting of the Executive Committee may be called by, or at the request of, the Clinical Director, or by one-third of the Executive Committee members, but not less than two members.

Section 3: Notice of Meetings:

Written or oral notice stating the place, day, and hour of any regular or special meeting shall be given to each member of the Committee.

Section 4: Quorum:

Thirty-three percent of the membership of the Executive Committee, but not less than two members, shall constitute a quorum at any meeting.

Section 5: Manner of Action:

The action of a majority of the members present at a meeting in which a quorum is present shall be the action of the Committee. Action may be taken without a meeting by unanimous consent in writing (setting forth the actions so taken), signed by each member entitled to vote thereat.

- A. A practitioner whose patients' clinical course is scheduled for discussion at any regular meeting or conference shall be so notified, and shall be expected to attend such meeting. If such practitioner is not otherwise required to attend such meeting, the Clinical Director shall, through the Inpatient Services Director, give the practitioner advance written notice of the time and place of the meeting at which his/her attendance is expected.
- B. Failure by a practitioner to attend any meeting with respect to which he/she was given notice that attendance was mandatory, unless excused by the Clinical Director upon a showing of good cause, shall result in an immediate suspension of all or such portion of the practitioner's clinical privileges as the Executive Committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary. In all other cases, if the practitioner shall make a timely request for postponement supported by an adequate showing that his/her absence will be unavoidable; such presentation may be postponed by the Clinical Director, until not later than the next regular meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

ARTICLE XIV: CONFIDENTIALITY, IMMUNITY FROM LIABILITY

Section 1: Special Definitions:

For the purpose of this Article, the following definitions shall apply:

- A. Information: Means record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to any of the following subjects:
 - 1. Applications for appointment or clinical privileges,
 - 2. Periodic reappraisals for reappointment or clinical privileges,
 - 3. Corrective action, including summary suspension,
 - 4. Hearings and appellate reviews,
 - 5. Medical care evaluations, (refer to Wisconsin Statutes 146.37),
 - 6. Utilization reviews, and
 - 7. Other hospital or committee activities related to quality of patient care and interprofessional conduct.

- B. Malice: Means the intentional dissemination of a known falsehood or of information with a reckless disregard for whether or not it is true or false.
- C. Representative: Means a board, any director or committee thereof; an administrator; a medical staff organization or officer, committee thereof; and any individual authorized by any of the foregoing to perform specific information-gathering or disseminating functions.
- D. Third Parties: Means both individuals and organizations providing information to any representative.

Section 2: Authorizations and Conditions:

By applying for or exercising clinical privileges, or providing specified patient care services within this Hospital, a practitioner:

- A. Authorizes representatives of the Hospital and the Medical Staff to solicit, provide, and act upon information bearing on his/her professional ability and qualifications;
- B. Agrees to be bound by the provisions of this Article, and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article; and
- C. Acknowledges that the provisions of this Article are express conditions to his/her application for or acceptance of staff membership, or his/her exercise of clinical privileges or provision of specified patient services at this Hospital.

Section 3: Confidentiality of Information:

Information with respect to any practitioner submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff, for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to medical research shall, to the fullest extent permitted by law, be confidential, and shall not be disseminated to anyone other than a representative of the Medical Examining Board, as required by law, or used in any way except as provided by third parties. This information shall not become part of any particular patient's file or of the general hospital records.

Section 4: Immunity from Liability:

The following shall be express conditions to any practitioner's application for the exercise of clinical privileges at this Hospital:

That any act, communication, report, recommendation, or disclosure with respect to any such practitioner performed or made in good faith and without malice, and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

That such privilege shall extend to members of the Hospital's Medical Staff and of its Governing Body, its other practitioners, its administrative officers, and to third parties who supply information to any of the foregoing authorized to receive release or act upon the same.

That there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

That such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to that information stated in Section 1A of this Article (XIV).

That the acts, communications, reports, recommendations, and disclosures referred to in this Article XIV may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

That in furtherance of the foregoing each practitioner shall, upon request of the Hospital, execute releases in accordance with the tenor and import of this Article XIV in favor of the individuals and organizations specified in paragraph 3, subject to such requirements, including those of good faith, absence of malice, and the exercise of a reasonable effort to ascertain truthfulness as may be applicable under the law of this state.

That the contents, authorizations, releases, rights, privileges, and immunities provided in Sections 1 and 2 of Article VI of these Bylaws for the protection of this Hospital's practitioners, other appropriate Hospital officials and personnel, and third parties in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article XIV.

ARTICLE XV: RULES AND REGULATIONS

The Medical Staff shall adopt rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Medical Staff and the Governing Body. These shall relate to the proper conduct of the Medical Staff organizational activities, as well as embody the level of practice that is to be required of each practitioner in the Hospital. Such rules and regulations shall be a part of these Bylaws, and may be amended and appealed at any regular meeting of the Medical Staff, at which a quorum is present, and without previous notice, or at any special meeting of the Medical Staff. Such changes shall become effective upon approval by the governing body.

ARTICLE XVI: AMENDMENTS

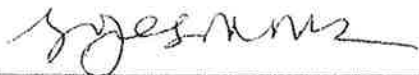
These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. To be adopted, an amendment shall require a two-thirds vote of the members of the Active Medical Staff present, provided that at least thirty-three percent of the

members of such staff are present. Amendments so made shall be effective when approved by the governing body. These Bylaws shall be reviewed bi-annually and revised as necessary.

ARTICLE XVII: ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Medical Staff, shall replace any previous Bylaws, and shall become effective upon approval by the governing body of the Hospital.


Adopted by the Psychiatric/Medical Staff on March 10, 2015.

 3/11/15

Yogesh C. Pareek, M.D., Clinical Director

 3/12/15

Jordon Bruce, Interim Hospital and Nursing Home Administrator

 3/12/15

Nancy Fennema, Interim Human Services Director

Representative of the Governing Body

**BROWN COUNTY COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
RULES AND REGULATIONS**

SECTION I: ADMISSION AND DISCHARGE:

1. Only physicians granted Medical Staff membership and clinical privileges may admit and/or treat patients at this Hospital.
2. In all cases of non-emergency voluntary admissions to this Hospital, a provisional diagnosis or valid reason for admission must either precede or accompany the patient. In addition, current medications, which are to be continued in the Hospital, and any other orders necessary for the care of the patient in the first 24 hours, must either precede the patient or be called to the nursing unit upon admission.
3. All patients shall be attended by members of the Medical Staff, and shall be assigned to the psychiatric inpatient unit. In the case of a patient requiring admission who has no practitioner, he/she shall be assigned to the practitioner for the service to which the illness of the patient indicates assignment.
4. In the event of a Hospital death, the deceased shall be pronounced dead by the attending practitioner or his/her designee as soon as possible. Policies with respect to the release of dead bodies shall conform to local and state law.
5. The Hospital shall admit patients suffering from all types of psychological diseases.
6. Patients shall be discharged only on a written order of the attending practitioner. Should a patient leave the Hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record.
7. If a client elopes from the facility, discharge should occur within 24 hours.

These parameters can be adjusted on an individual basis at the discretion of the attending psychiatrist.

8. Practitioners admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for whatever cause.

SECTION II: EMERGENCY CARE:

Emergency psychiatric care at the Brown County Community Treatment Center shall be provided through 24-hour, on-call Medical Staff coverage. The Medical Staff has delegated the authority to the RN-Charge Nurse to screen and assess clients presenting to the hospital with a potential medical/psychiatric emergency.

In cases of medical/psychiatric emergencies, the doctor will be notified. An order will be given to nursing staff for care until rescue squad arrives. A transfer order will be given by the physician and orders will be signed within 24 hours.

SECTION III: MEDICAL RECORDS:

1. The attending practitioner shall be responsible for the preparation of a complete medical record for each client. This record shall include identification data, complaint, personal history, family history, history of present illness, physical examination, special reports such as consultation, clinical laboratory, x-ray, and other reports, provisional diagnosis, and discharge summary. A discharge summary will be required for all cases of death, regardless of the length of stay.
2. A medical record shall not be permanently filed until it is completed by the responsible practitioner, or is ordered filed by the Hospital Administrator or designee.
3. Pertinent progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible, each of the client's clinical problems should be clearly identified in the progress notes, with correlation and reference to the specific orders as well as the results of tests and treatment. Progress notes shall be written daily for those where there is difficulty in diagnosis or management of the clinical problem. Otherwise, progress notes shall be recorded no less than weekly. In the absence of a child psychiatrist, weekly child and adolescent progress notes written by other disciplines will be authenticated by the countersignature of the treating psychiatrist.
4. A history and physical examination to screen for medical problems related to a psychiatric illness shall be recorded within 24 hours of admission. This report should include all pertinent findings resulting from an assessment of all systems of the body. We do not screen for cancer. If a screening history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the client's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports are updated, including any changes in the client's condition, by a member of our Medical Staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. If the client is readmitted within one month's time for the same condition, an interval note shall be sufficient.
5. Initial Psychiatric Evaluations are to be done within 60 hours of admission for all clients, and will contain a medical history, record of mental status, onset of illness and circumstances leading to admission, description of attitudes and behaviors, estimate intellectual functioning, memory

functioning, and orientation, and include an inventory of the client's assets in descriptive, not interpretive fashion.

6. All current and completed records are the property of the Hospital, and shall not be removed from the Hospital complex without a court order, subpoena, or per state statute. This shall apply whether the patient is attended by the same practitioner or by another; also to copies of records, except as released upon authority of the practitioner and the patient, or a responsible representative of the patient.
7. In cases of re-admission of a patient, all previous records shall be available for use by the attending practitioner.
8. Consultations shall show evidence of an examination of the patient and review of the record by the consultant. This report shall be made a part of the patient's record. A limited statement, such as "I concur" does not constitute an acceptable report of consultation.
9. All clinical entries to the patient's medical record shall be accurately dated, timed, and authenticated and legible.
10. Final diagnosis shall be recorded in full without the use of symbols or abbreviations, dated, and signed by the responsible practitioner at the time of discharge of all patients. This will be deemed equally important as the actual discharge order.
11. A discharge summary shall be written or dictated on medical records of all clients according to the following guidelines:
 - a. Psychiatrists and psychologists may dictate discharge summaries as outlined in the Bylaws;
 - b. All required elements will be addressed in the discharge summary, to include recapitulation of the client's hospitalization and recommendations from appropriate services concerning follow-up or aftercare, as well as a brief summary of the client's condition on discharge, and final psychiatric diagnosis;
 - c. Discharge summaries will be done on all clients, including those admitted for alcohol detoxification.
 - d. A complete discharge summary will be done on all deaths that occur at the Community Treatment Center, regardless of the length of stay.
 - e. Discharge summaries will be done as follows:
 - 1) If a client is discharged within 60 hours of admission, a short stay summary will be done. Dictation will be completed within one week of discharge.
 - 2) If the client stay is greater than 60 hours, a psychiatric evaluation and a discharge

summary will be done. The psychiatric evaluation must be done within 60 hours of admission.

f. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and the end results. All discharge summaries shall be authenticated by the responsible practitioner. The Clinical Director/attending physician shall review and co-sign a representative sampling of a resident physician's discharge summaries and treatment plans.

12. The medical record, including discharge summaries, must be completed within 30 days of discharge by the attending practitioner or his/her designated practitioner, as authorized in the Medical Staff Bylaws. The Health Information Manager or designee will notify the practitioner of his/her delinquent status, with copies of the notice to the Clinical Director and the Administrator of the Hospital.

If these records are not completed within five (5) days, the Health Information Manager will notify the Hospital Administrator. The Hospital Administrator will personally notify the practitioner that:

1. He/she has 24 hours in which to complete the delinquent records. The practitioner will make arrangements with another practitioner to assume their duties while they complete their delinquent records. They will not be assigned any new cases until their records are complete; and
 2. continued noncompliance may result in fines, and
 3. if noncompliance in completing medical records continues, the Delinquent Record List will be presented to the Quality Assurance Committee for more aggressive action, and
 4. this action will be reflected in the practitioner's performance evaluation.
13. Written consent of the client is required for release of protected health information to persons not otherwise authorized to receive this information. In the event that the client is unable to provide written consent, a legal representative may be permitted to give such consent.
 14. Only abbreviations approved by the Medical Staff shall be recorded in the medical records of clients. Exceptions may be allowed for commonly used abbreviations which would be recognized by a person who is not in the medical field, which are often used in the community, and which are not medical or professional terms. These terms need not be listed on the Abbreviation List. These would include such terms as TV, meds, rec'd, etc.

SECTION IV: GENERAL CONDUCT OF CARE:

A. Orders:

1. Orders may be given only by an appointee of the Medical Staff, resident, or Nurse Practitioner to a registered nurse, or other appropriate health professionals (e.g. occupational therapist, pharmacist, dietitian or psychologist).
2. All orders for treatment shall be in writing, and shall be dated, timed, and signed by the responsible practitioner.
3. Nurse practitioner orders for the Community Treatment Center clients are limited to protocols established by the Medical Staff and must be dated, timed, and countersigned by the medical director or physician within 48 hours.
4. Verbal/telephone orders may be given by an authorized practitioner only to a registered nurse and/or pharmacist, occupational therapist, dietitian, psychologist, nurse practitioner or other health professionals as appropriate. Medication orders can be given only to a registered nurse, registered pharmacist, nurse practitioner, or advanced practice nurse prescriber. These orders are to be transcribed into the client's record and dated, timed, and signed by the transcriber. All verbal and telephone orders shall be authenticated, dated, and timed by the prescribing member of the medical staff in writing within 24 hours of receipt.
5. Categories of verbal orders which may be transmitted by a third party (such as a physician's office assistant), rather than directly from a practitioner or duly-authorized allied health professional may be defined in the hospital procedure with approval of the Clinical Director. Such categories of orders shall not include a reference to orders for medications requiring prescription drugs, parenteral fluids, and restraint/seclusion. Such verbal orders shall be dated, timed, and signed by the person who transcribed the order, noting the name of the practitioner and the name of the individual relaying the order per the transcriber's name. The prescribing practitioner must assume responsibility for orders transmitted in such a manner.

A member of the Medical Staff must sign, date, and time verbal orders for restraint/seclusion within 24 hours. Such orders shall be considered to be in writing.

At all times, health professionals duly authorized to accept verbal orders are to exercise sound professional judgment in accepting all such orders, and shall retain the right to request direct clarification of these orders from the practitioner.

6. Standing orders and/or instruction sheets shall be instituted only after approval of the Medical/ Administrative Staff Committee. Such standing orders and/or instruction sheets shall be reviewed at least annually and revised as necessary. All standing orders and/or instruction sheets must be dated, timed, and signed by the responsible practitioner when utilized, as required for all orders for treatment.
7. Medications shall not be discontinued without notifying the practitioner. If an order expires at night, it should be called to the attention of the practitioner the following

morning, and shall remain in effect for the condition for which it was originally ordered until the practitioner is reached.

8. Orders for medications shall be written in the metric system and include the specific dosage, frequency of dosage, route of administration, and any necessary instructions. PRN orders should specify indication for which the drug is to be administered.
9. Orders for medications shall be written in the metric system and include the specific dosage, frequency of dosage, route of administration, and any necessary instructions. PRN orders should specify indication for which the drug is to be administered.
10. All drugs and medications administered to patients shall be those listed in the latest drug formulary.
11. As far as possible, the use of proprietary remedies is to be avoided.
12. Any time that a drug is used for a non-approved indication, or the dose is more than the established maximum, the therapy should be considered nonconventional and the following procedures are to be followed:
 - a) Literature explaining the rationale of the therapy should be available in the library and the pharmacy. The physician is to provide this literature or request that the librarian obtain it.
 - b) The treatment objectives are to be stated in the client's records.
 - c) The client should be informed of the possible side effects and why the therapy was chosen.
 - d) Medication article may be placed in the client's chart for staff use, if appropriate.
 - e) Hazardous procedure for Unusual Medication Regimes should be followed.

B. Special Procedures:

All special procedures such as the use of Restraint and Seclusion (R&S) are subject to the policies and procedures regulating their use which have been approved by the Medical Staff and are defined in the Medical Staff Policy and Procedure Manual.

C. Miscellaneous:

1. In the case of an adverse drug reaction (ADR), the attending physician shall determine that the reaction is untoward and shall document its significance in the clinical record. The Pharmacy Manager will track and quarterly report the ADR data

**BROWN COUNTY COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
RULES AND REGULATIONS**


The Medical Staff Rules and Regulations have been approved as of March 10, 2015.



Yogesh Pareek, MD
Clinical Director

3/11/15

Date



Jordan Bruce, Interim Hospital and Nursing Home Administrator

3/12/15

Date



Nancy Fennema
Interim Human Services Director

3/12/15

Date

Revised: 11/30/92; 3/21/94; 6/94; 9/95; 9/96; 8/97; 9/99; 11/99; 9/00; 12/00; 5/01; 3/02; 7/16;
10/02; 10/03; 10/04; 7/05; 9/05; 4/06; 11/07; 4/08; 7/15/08; 07/31/09; 05/11/10;
07/10/12; 09/10/13; 11/11/14; 3/2/15